HEROIN: A RE-EMERGING THREAT

HEARING

BEFORE THE

SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE

OF THE

COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT HOUSE OF REPRESENTATIVES

ONE HUNDRED FOURTH CONGRESS

SECOND SESSION

SEPTEMBER 19, 1996

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HEROIN: A RE-EMERGING THREAT

THURSDAY, SEPTEMBER 19, 1996

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON NATIONAL SECURITY, INTERNATIONAL AFFAIRS, AND CRIMINAL JUSTICE,
COMMITTEE ON GOVERNMENT REFORM AND OVERSIGHT,
Washington, DC.

The subcommittee met, pursuant to notice, at 9:20 a.m., in room 2154, Rayburn House Office Building, Hon. William H. Zeliff (chairman of the subcommittee) presiding.

Present: Representatives Zeliff, Ehrlich, Mica, Souder, Shadegg, Thurman, Wise, and Cummings.

Also present: Representatives Clinger and Hastert.

Staff present: Robert B. Charles, staff director and chief counsel; Sean Littlefield, professional staff member; Chris Marston, legislative assistant; Ianthe Saylor, clerk; and Cherri Branson and Dan Hernandez, minority professional staff members.

Mr. ZELIFF. Good morning. The Subcommittee on National Security, International Affairs, and Criminal Justice will now come to order.

We appreciate your coming. We are holding our first hearing on the threat of heroin, a drug that has hurt our society before back in the 1960's, and has now returned with renewed force to harm another generation.

This morning, we will hear testimony from three distinguished panels, including our good friend, General Barry McCaffrey, the White House Drug Czar. These are people who are involved in the war on drugs every day—a student who lives with peer pressure, a recording industry executive who works to combat drugs in her own industry, an emergency room physician who sees the effects of heroin in an unfortunately very real way.

Our topic today, as most of you know, is "Heroin: A Re-Emerging Threat," focusing on private sector and Federal Government efforts to combat heroin use. We need to look carefully at these efforts because heroin is becoming a frightening and growing problem. The number of new heroin users grew 320 percent between 1992 and 1994. Among our youth, the rate of first use is up 250 percent in just 1 year.

The increase in use shows no signs of stopping. Heroin is becoming more pure, and so, more deadly. In the mid-1980's, heroin purity could be measured in single digits, now some heroin seized by our law enforcement has reached levels of purity over 90 percent.

The lethal drug is also more easily and readily available. Costs are dropping. Prices are down almost 80 percent since the late

1980's. Colombian distributors drive these trends toward high purity and low cost as they compete with distributors from other parts of the world using their already established cocaine networks. What is scary is the influence now of Colombia and South America using the same routes of 70 percent of the cocaine in the world that comes up through Mexico.

The threat posed by heroin to our children in our society is unacceptable. I welcome all of you here today to join in our attempt to find solutions to this dangerous problem.

I would like to sum up two or three things. Eleven percent of the parents today in this country talk to their children about drugs; 89 percent don't. The casual attitude toward heroin and all drugs, frankly, is going to destroy this next generation. Drugs no longer carry, particularly heroin, the stigma of the 1960's. I guess my advice to my grandchildren would be if something is more powerful than you are, if you decide to put that into your body, you lose control and in the end you lose. So I think it is time for America to wake up. I am very concerned of where we are going.

To use another quick analogy, compare drugs to the U.S. auto industry. If we cut prices in half of all the sports cars and make them more powerful and make them go fast, every sale would go up. So take a look. The same thing is happening in heroin and drugs across the board. I think it is the No. 1 issue or threat facing our country, and I happen to be very concerned, along with every Member on both sides of the aisle here in this subcommittee.

We started an effort 2 years ago. We had Nancy Reagan come in and be our first witness and that was at a time when no one was paying attention or focusing on the war on drugs. We feel that this subcommittee has been very effective in getting our Nation to focus on the war on drugs.

Before I turn it over to Mrs. Thurman, I am very pleased to see the chairman of our full committee, Bill Clinger. Bill, would you care to make a comment?

[The prepared statement of Hon. William H. Zeliff, Jr., follows:]

OPENING REMARKS OF
CHAIRMAN ZELIFF

HEARING OF THE NATIONAL SECURITY, INTERNATIONAL AFFAIRS AND
CRIMINAL JUSTICE SUBCOMMITTEE
"HEROIN: A RE-EMERGING THREAT"

SEPTEMBER 19, 1996

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Mr. CLINGER. Thank you very much, Mr. Chairman.

Just very briefly, I want to commend you for your persistence and your long-term interest and dedication to this very serious problem. I think it has been your subcommittee that has kept a spotlight focused on a problem that really threatens to undermine and to destroy an entire generation.

We have seen an enormous increase in the use of heroin. It is a terrifying drug. It is a drug that absolutely destroys individuals. I think that I am going to have to say that the administration has been very much a Johnny-come-lately to this crusade. I am delighted that they have now got a heroin strategy but I think it is very late in the game. We really need to give an urgent message and your committee has been providing that kind of urgent message to send a wake-up call that this is not something to be treated cavalierly, not something to be treated with minimal effort; it has to be given a maximum effort.

Your efforts have been essential, I think, in making clear that this is a critical, critical problem for this country. I applaud you for your 2 years of efforts in getting this message out.

Mr. ZELIFF. Thank you very much, Mr. Chairman.

To our good friend, the ranking minority member, Karen Thurman, from Florida. I just have to tell you as we wind down this session of Congress what a great pleasure it has been to work with you and your leadership on this very important issue.

Mrs. THURMAN. Thank you, Mr. Chairman. I certainly can say you have spent a lot of time. We have done some field hearings. We have looked at what is actually happening out there within our cities in trying to come to some conclusions and some recommendations that might be good for this country. So I think under your leadership we can certainly look at the fact that we have brought it to a national interest and I think this country is better served by that, so we thank you for your leadership as well.

I do kind of want to start off with something. First of all, I think that sometimes we dwell on the bad and there are some things out there that I think are maybe not good but at least encouraging to some degree and that is what was based on the 1995 National Household Survey on Drug Abuse. The vast majority of 12- to 17-year-olds, about 78 percent have never used drugs of any kind; and since 1979, the number of Americans of all ages using drugs have dropped by half. I think that is important as we go into these hearings.

I think this hearing should focus only on heroin, which by all accounts is making an insidious comeback in America. For example, in central Florida, there have been about 17 heroin-related deaths in as many months. Amazingly, while 85 percent of adults over 45 recognize heroin is dangerous, only 50 percent of those 12 to 17 believe heroin can be deadly. This phenomenon known as "generational forgetting" must be overcome before we can get heroin under control again.

Historically, heroin usage in America comes in waves and while each wave leaves behind thousands of shattered lives and careers, our collective memory tends to focus on famous artists who have come under heroin's deadly spell. In the 1940's and 1950's such

jazz greats as Charlie Parker and Billie Holiday died from heroin. Many others admitted to using the drug.

Americans who lived through that era probably never thought something as horrible as heroin could make a comeback, but it did, claiming the lives of, among others, rock and roll legends Jimi Hendrix and Janis Joplin in the 1970's. Now in the 1990's, popular grunge and counterculture artists have also come under the lure of heroin. Jerry Garcia of the Grateful Dead, Kirk Cobain of Nirvana were struggling with heroin addiction when they died. In July, Jonathan Melvoin of Smashing Pumpkins died of an overdose in a New York City hotel.

The music industry is not the focus of this hearing. However, I am heartened that the Recording Industry Association of America is here today to discuss programs for both assisting artists with substance abuse problems and helping to spread the truth about the dangers of heroin and other illegal drugs.

That message, which I hope will be carried from this room loud and clear today, unfortunately did not reach Julie Dean of Satellite Beach, FL, in time. Julie was an attractive, optimistic high school senior, enrolled in honors classes and heading for college. She was an ambitious young woman who held down an after school job and saved enough of her earnings to buy herself a car. On weekends, Julie and her friends would often drive to Orlando and dance the night away at various nightclubs that reopened alcohol free after 2 a.m. They then would rent a motel room and got some sleep before making the drive home.

On Sunday afternoon about 1 year ago Julie didn't come home. Police eventually determined Julie died of an accidental heroin overdose.

Of the 17 people who have died from heroin overdoses in central Florida, 5 like Julie were teenagers. Six more were in their early 20's.

Julie's death points to some of the differences between heroin in the 1990's and heroin in the 1980's. According to the Drug Enforcement Administration, heroin was about 3.8 percent pure in 1982. Today, it could be more than 50 percent pure, which allows users to smoke or snort the drug rather than injecting it. Some believe eliminating the stigma of the needle has contributed to the popularity of heroin.

However, once the user is in the grasp of heroin, the results are the same. It takes more and more of the drug just to ward off the pain and sickness.

This is how Jerry Stahl, a television writer and former heroin addict, explained the lows of heroin: "You're freezing, burning, your hair hurts, you feel like your skin has been napalmed." Not very glamorous.

Mr. Chairman, I look forward to the message our distinguished panels will be bringing to our subcommittee. Again, I thank you and your staff for all the work that has gone into this hearing.

I would also like to say I was very sorry I was late in getting this started but 395 had an early accident and it kept us all from getting here on time. I apologize.

Mr. ZELIFF. The most important thing is that you are here and we appreciate that.

Mrs. THURMAN. And I was in the accident.

Mr. ZELIFF. And nobody got hurt.

I believe Mr. Mica from Florida has an opening statement.

Mr. MICA. Thank you, Mr. Chairman, for your leadership on this issue, both you and Chairman Clinger, and particularly for your leadership in restoring some of the cuts that were made in the first 2 years of the Clinton administration. You are going to restore over 75 new agents for source country programs. These were cut when the Clinton administration began its destruction of the interdiction program internationally, that cost-effective program. You are going to restore the cuts that were made by the Clinton administration and the drug czar's office when they cut the czar's office from 150, I believe, down to 25, and I thank you for that leadership.

The Coast Guard, you took a hearing in Puerto Rico where cocaine and other drugs are coming where they cut the Coast Guard budget for interdiction and you held a hearing on a Coast Guard cutter just recently. And then came back and restored the cuts that were made in Foreign Ops in defense when we took our military out.

We destroyed under the Clinton administration the radar and information sharing programs. You provided—are providing this year $132 million higher than the President's request to restore these programs. I think you see the results of this administration, the incredible drug epidemic, particularly among our teens.

I heard Mrs. Thurman, and she is from central Florida. I am from central Florida. This was the headline most recently in our newspaper. I hope you get a chance to see that because heroin is killing and drugs are killing children on the streets of my community. Not just in Washington, Detroit, New York, Los Angeles, but it is slaughtering the kids in central Florida.

When you make the cuts in the drug czar's office, when you hire a chief health officer of the Nation that just say maybe—Jocelyn Elders—when you destroy an interdiction program that cost-effectively cuts drugs at its source, when you set a new low standard in the White House for employment of personnel and recent past drug use is an acceptable employment criteria, even for the person in charge of White House personnel and covering security, this is the result that you see.

And I am not happy about it as a father. I am not just talking about it today, I talked about it in this committee when I was—when the meeting was adjourned and shut off after I had over 100 Members asking for a hearing on this failed policy 2 years ago when we didn't control the House and the Senate.

So I thank you for your leadership. I thank you for what you are doing to restore the disaster that this administration has created for our young people. Thank you, Mr. Chairman.

Mr. ZELIFF. I would like very much to just acknowledge and introduce someone who was a tremendous leader in the House. We went on a trip to South America. As we came back, it is like a five-legged stool: It is education, prevention, treatment, interdiction and source country programs.

We went to Panama, Mexico, Colombia, Bolivia, Peru and came back and really put the funding together, held meetings with ap-

propriators. He was absolutely outstanding in his leadership. Denny Hastert from Illinois, a guy I have great respect for.

Mr. HASTERT. Thank you, Mr. Chairman. That is very kind.

I just want to say there is important information that we are going to be talking about here today, especially the increase in heroin. Cocaine has been something that we had been focusing on for a long, long time, that the introduction of—increased introduction of heroin especially out of Colombia has been a real problem.

I just want to say the work that you have done not just in the last couple of months or the last year but last several years on this issue has just been outstanding. We have some work to do in this Congress for the next several weeks or so. But we are going to miss you and you have taken the leadership, you have made a difference in this Congress. I think there are a lot of people who come in these doors and go out these doors who probably never have made a difference, but there are two gentlemen seated here that have and we are going to miss both of you and appreciate the good work you have done, and I yield back.

Mr. ZELIFF. Mr. Cummings from Maryland. We spoke a little bit. We are going to be doing a hearing up in Maryland. He is a leader in his home district, certainly has felt it firsthand in terms of the issues he has been trying to deal with. Mr. Cummings.

Mr. CUMMINGS. Mr. Chairman, I do want to thank you for your strong leadership, and I want to thank all the witnesses that are here today for sharing a few moments of your lives with us so we can help the people of this great country.

I want you to do me a favor when you testify. I want you to keep one single question that I am curious about in mind. See, I believe very strongly that we have to cutoff the demand. We have to deal with the borders but we have to cut the demand, too.

I want—I see you, Mr. April. I don't have my glasses on. I want you all to tell us what Government can do. What Government can do to alleviate this problem. That is a very important question because we hear back and forth people saying, maybe Government isn't doing this or the administration isn't do that or Congress isn't doing that. We are here about the business of changing negative circumstances and making the world a better place to live and making our country a better place to live. So we need to know what we can do. And if you can't think of anything we can do, let us know that, too.

But I live in a district—I live in a city, first of all, with a little over 700,000 people that have in excess of 50,000 addicts and I see the pain. And to be perfectly frank with you, life is too short. My tenure here is too short not to try to be effective, not to affect those lives, not to turn them around.

I am tired of seeing little girls who I have known most of my life standing on corners selling their bodies for drugs. Tired of it. Tired of seeing young men walk around like zombies at 16 and 17 years old hopeless.

The question becomes what can we do? What can we in the Congress of the United States do? That is what I need to know. I am not talking about interdiction, we will do that, but how do we deal with the demand. If you don't think we can do it, tell us that, too.

There is a lot of blame going back and forth and I would like to know.

I am looking forward to hearing your testimony and I am glad that all of you are here, and I just ask you to try to answer that question for all of us.

Thank you very much.

Mr. ZELIFF. Thank you very much. And you are right on the mark. We need to move forward—we need to refocus our Nation on the drug war, then we need to have a plan where everybody gets into full step and enact that plan. I think this subcommittee has done a remarkable job of being able to accomplish that.

Before I introduce the panels, I would like to enter prepared statements by Jess T. Ford, who has worked on this issue at GAO, and Michael Greene, president of MusiCares, a music industry group concerned with drug use.

Without objection, so ordered.

[The prepared statements of Messrs. Ford and Greene follow:]

Statement for the Record by Jess T. Ford, Associate Director, International Relations and Trade Issues, National Security and International Affairs Division

Mr. Chairman and Members of the Subcommittee:

I am pleased to be able to provide this statement for the record on the results of our review of the production and trafficking of heroin from Southeast Asia to the United States and current efforts to stop it. The information in this statement is based primarily on our March 1996 report entitled, Drug Control: U.S. Heroin Program Encounters Many Obstacles in Southeast Asia, which was initiated at the request of this subcommittee.[1] The statement covers (1) the extent and nature of the heroin threat to the United States, (2) impediments to successful heroin control efforts in Southeast Asia, and (3) the efforts of the United Nations Drug Control Program (UNDCP) in Burma.

SUMMARY OF OBSERVATIONS

Heroin use continues to pose a serious and growing threat to the people of the United States. The Department of State reported in March 1996 that, in recent years, worldwide heroin production has risen, the number of heroin users in the United States has increased, the average purity level of heroin on the street is significantly higher, and the number of heroin-related hospital emergency room episodes has climbed. The majority of the heroin consumed in the United States originates in Southeast Asia, most of which is produced in Burma.

The U.S. international heroin strategy calls for a regional approach focused on Southeast Asia and the need to reduce opium production in Burma as a key to reducing the flow of heroin from the region. However, stemming the flow of heroin will be difficult because a number of factors pose substantial difficulties for the United States in establishing effective counternarcotics programs in Burma. These factors include (1) the lack of a meaningful U.S. program in Burma, (2) the lack of Burmese government commitment to drug control efforts, and (3) ineffective U.N. drug control efforts within Burma. U.S. efforts have achieved some positive results in certain other Southeast Asian countries and territories, such as in Thailand and Hong Kong, that have demonstrated the political will to implement counternarcotics activities. However, problems with Burma limit the success in the region.

The United States increasingly relies on international organizations, such as the United Nations, in countries such as Burma where the United States faces significant obstacles in providing traditional bilateral counternarcotics assistance. The United States has supported UNDCP drug control projects in Burma, but the projects have not significantly reduced opium production because (1) the scope of the projects has been too small to have a substantive impact on opium production, (2) the Burmese government has not

[1]Drug Control: U.S. Heroin Program Encounters Many Obstacles in Southeast Asia (GAO/NSIAD-96-83, Mar. 1, 1996).

provided sufficient support to ensure project success, and (3) inadequate planning has reduced project effectiveness.

THE HEROIN THREAT IN THE UNITED STATES IS SERIOUS AND INCREASING

According to recent U.S. government reports, the U.S. heroin addict population, which had remained stable at about 500,000 persons for nearly two decades, has risen and is now about 600,000 or higher. The Office of National Drug Control Policy (ONDCP) estimates that Americans now consume 10 to 15 metric tons of heroin annually, an increase from the estimated 5 tons consumed during the mid-1980s.

In comparison with the 1980s, heroin now has an added appeal to users because it is more potent–containing higher purity levels than in the past. For example, average purity for retail heroin in 1995 was about 40 percent compared to about 7 percent a decade ago. As a result of increased purity, heroin can now be snorted or smoked and the user is freed from the added threat of contracting AIDS through a contaminated needle. In addition, there is a reported increase in the number of multiple-drug users who are using both heroin and crack cocaine.

Source Countries for Heroin

Opium poppies, from which heroin is derived, are grown primarily in three regions of the world–Southeast Asia, Southwest Asia, and Mexico and South America. According to the Department of State, worldwide opium production has nearly doubled since 1987–increasing from about 2,200 to nearly 4,200 metric tons in 1995. In 1995, the Southeast Asia region was the source of approximately 75 percent of the world's opium poppy cultivation and 62 percent of the world's estimated opium production. The bulk of the remaining cultivation and production occurred in the Southwest Asia region (primarily Afghanistan), accounting for about 20 percent of worldwide opium poppy cultivation and over 35 percent of opium production. Cultivation in the region comprised of Mexico and South America accounted for only about 5 percent of worldwide opium poppy cultivation and 3 percent of opium production. Nevertheless, DEA reported on September 3, 1996, that South America became the predominant source area for heroin seized in the United States during 1995.

Southeast Asian opium production has increased by about 2 1/2 times–from just under 1,100 metric tons in 1987 to nearly 2,600 metric tons in 1995. About 87 percent of the opium poppy cultivation and 91 percent of the opium production in Southeast Asia occurred in Burma–primarily in Burma's eastern Shan State. (See attachment I.) In addition, the State Department reported that, in 1995, Burma was a major supplier of heroin to the United States. From its estimated yield of 2,340 metric tons of opium gum, Burma had the potential to produce an estimated 230 metric tons of heroin–enough to meet U.S. demand many times over.

Efforts to Control Heroin

U.S. funding of heroin control efforts accounts for a small portion of the overall international drug control budget. ONDCP estimated that, during fiscal year 1994, the United States spent $47.5 million on international heroin control activities, or about 14 percent of its international narcotics control budget.

In Burma, Hong Kong, and Thailand, as of June 30, 1996, DEA had a total of 43 permanent staff, while the State Department has 7 staff assigned to its Narcotics Affairs Section in Thailand and none in Burma or Hong Kong. In Burma and China–two key countries involved in heroin cultivation, production, and trafficking–the State Department has no Narcotics Affairs Sections, while DEA has only three staff–all in Burma. Other U.S. efforts in the region include intelligence analysis support for U.S. law enforcement agencies, and equipment and training for host nation counternarcotics forces provided by the Joint Interagency Task Force-West, based in California, and the Department of Defense's Pacific Command.

BURMA PRESENTS CHALLENGES TO U.S. HEROIN CONTROL EFFORTS

The U.S. international heroin strategy addresses the worldwide threat but focuses on Southeast Asia because this region is the primary source and includes major trafficking routes for heroin imported into the United States. The strategy places special emphasis on reducing Burmese opium production as a key to decreasing the regional flow of heroin into the United States. However, the United States faces the following significant obstacles in implementing this approach:

- Since 1988, the United States has not provided direct counternarcotics assistance to Burma because of its record of human rights abuses and its refusal to yield control of the country to a democratically elected government.
- Much of Burma's opium-producing region is not under the effective control of the Burmese government.
- Due to unique trafficking patterns, law enforcement efforts against the criminal organizations responsible for moving heroin from Southeast Asia into the United States have not been effective.
- The lack of law enforcement cooperation between the United States and China continues to impede interdiction of key heroin-trafficking routes.
- Although the U.S. international heroin strategy was signed by the President in November 1995, guidelines to U.S. counternarcotics agencies for implementing the strategy are still under review.

The United States does not have a significant counternarcotics program in Burma because of U.S. concerns over human rights violations by the Burmese government and the unwillingness of the Burmese government to yield control of the country to a democratically elected government. In 1988, the United States discontinued foreign aid to

Burma, including direct counternarcotics funding support, because Burmese military forces violently suppressed antigovernment demonstrations for economic and political reform and began establishing a record of human rights abuses. Furthermore, the military regime refused to recognize the results of national elections held in 1990 and, for decades, has engaged in fighting with insurgent armies who represent ethnic minority groups seeking autonomous control of territory within Burma. Some of these minority groups control major opium production and heroin-trafficking areas.

Currently, the United States provides only limited low-level law enforcement cooperation, such as information sharing. U.S. policy restricts direct counternarcotics assistance until the Burmese government improves its human rights stance and recognizes the democratic process. In addition, the President has denied certification for counternarcotics cooperation since 1989. According to State Department officials, there has been no improvement in the political and human rights situation, and U.S. policy toward Burma is unlikely to change under current conditions.

The Burmese government commitment to controlling opium production and trafficking within its borders is questionable. After decades of conflict with ethnic minority insurgent groups, the government has signed a number of cease-fire agreements with them that, according to the State Department, have prevented the implementation of any meaningful drug enforcement operations in areas under the control of ethnic armies, thus furthering opium production and heroin trafficking. For example, in 1989, the government concluded a cease-fire agreement with the United Wa State Army (UWSA) in which the UWSA agreed to end its armed insurgency and the government permitted the Wa people to have autonomous control of their territory. Since the government ended its attempt to establish its authority over Wa territory, the Wa have gained control of 80 percent of the opium cultivation areas in Burma and UWSA has become one of the world's leading trafficking organizations. Other minority groups in opium poppy cultivation areas have reached similar agreements with the Burmese government.

Also, in January 1996, the Shan United Army (SUA), headed by Khun Sa, a well-known drug lord, ended its armed conflict with the Burmese army. Despite the potential for the government to undertake meaningful counternarcotics efforts in former SUA-controlled territory, there has been little substantive impact on the flow of Burmese heroin. Furthermore, according to U.S. officials, while Khun Sa is under indictment in the United States for heroin-trafficking offenses, the Burmese government has granted him immunity from prosecution from drug-trafficking offenses and has refused U.S. extradition requests. Based on these limitations, U.S. officials told us that they are not optimistic that meaningful changes will take place under the current Burmese military regime.

NUMEROUS OBSTACLES IMPEDE U.S. REGIONAL INTERDICTION EFFORTS

Difficulties in stemming Burmese opium production are compounded by challenges in providing a regional approach to interdicting heroin-trafficking routes. The impact of U.S.

regional interdiction efforts to date has been limited by the ability of traffickers to shift their routes into countries with inadequate law enforcement capability and by poor law enforcement cooperation between the United States and China. Although some U.S. programs in countries such as Thailand and Hong Kong that possess the political will and capability to engage in counternarcotics activities have achieved positive results, the problems in Burma have limited the progress in the region.

According to DEA, each heroin producing region has separate and distinct distribution methods that are highly dependent on ethnic groups, transportation modes, and surrounding transit countries. From Southeast Asia, heroin is transported to the United States primarily by ethnic Chinese and West African drug-trafficking organizations. These organizations consist of separate producers and a number of independent intermediaries including financiers, brokers, exporters, importers, and distributors. Heroin-trafficking organizations are not vertically integrated, and heroin shipments rarely remain under the control of a single individual or organization as they move from the overseas refinery to U.S. streets. Since responsibility and ownership of a particular drug shipment shifts each time the product changes hands, direct evidence of the relationship among producer, transporter, and wholesale distributor is extremely difficult to obtain. According to DEA officials, these factors combine to make the detection, monitoring, and interdiction of heroin extremely difficult.

The impact of U.S. efforts to interdict regional drug-trafficking routes has been limited by the ability of traffickers to shift their routes into countries with inadequate law enforcement capability. (See attachment II.) For example, Thailand's well-developed transportation system formerly made it the traditional transit route for about 80 percent of the heroin moving out of Southeast Asia. However, in response to increased Thai counternarcotics capability and stricter border controls, this amount has declined to an estimated 50 percent in recent years as new drug-trafficking routes have emerged through the southern provinces of China to Taiwan and Hong Kong or through Laos, Cambodia, and Vietnam. Similarly, cooperation between the United States and Hong Kong has helped reduce the use of Hong Kong as a transshipment point for Southeast Asian heroin, but law enforcement weaknesses in China and Taiwan have encouraged drug-traffickers to shift supply routes into these countries.

Limited Chinese counternarcotics cooperation with U.S. law enforcement has compounded difficulties in interdicting heroin-trafficking routes in the region. Chinese cooperation has become increasingly important because, as counternarcotics efforts in other countries have achieved positive results, DEA has noted an increase in the use of drug-trafficking routes through China. However, the Chinese government has been reluctant to cooperate with U.S. efforts. For example, cumbersome Chinese requirements have delayed dissemination of counternarcotics intelligence information from DEA to Chinese law enforcement authorities. DEA faces difficulties in undertaking joint investigations with Chinese law enforcement officials and assisting the Chinese in making

timely seizures and arrests in China. Further, the Chinese have been unresponsive in providing counternarcotics information that could possibly assist DEA investigations.

Furthermore, it is possible that the 1997 transition of Hong Kong from British to Chinese control will further complicate U.S. regional counternarcotics activities. The small DEA presence in Hong Kong is currently responsible for covering counternarcotics activities in Hong Kong, China, Taiwan, and Macau. According to DEA officials, DEA is planning to continue its Hong Kong activities from there but the Chinese government is unlikely to approve regional coverage of Taiwan.

In March 1996, we reported that DEA had planned to open a one-agent office in Beijing to expand its regional coverage. Even though DEA officials remain optimistic that an office will eventually be established, to date the Chinese government has refused DEA requests for opening a Beijing office. As a result, DEA's ability to assist other countries in the region in interdicting heroin-trafficking routes opened through southern China and Taiwan are constrained.[2]

In Thailand, we found that sustained U.S. support since the early 1970s and good relations with the Thai government have contributed to abatement of opium production and heroin trafficking. Since 1978, State Department has provided $16.5 million of counternarcotics support that assisted the Thai government in reducing opium production levels from an estimated 150 to 200 metric tons in the 1970s to 25 metric tons in 1995. As a result, Thai traffickers no longer produce significant amounts of heroin for export. Also, law enforcement training programs funded by the State Department and support for Thai counternarcotics institutions provided primarily by DEA have enhanced Thailand's law enforcement capability. For example, using U.S. assistance, the Thai police captured 10 key members of Burma's SUA heroin-trafficking organization in November 1994. The United States also provided support to establish a task force in northern Thailand that could foster intelligence analysis and information sharing among Thai counternarcotics police organizations.

The United States has also obtained successful counternarcotics cooperation with Hong Kong. For example, the sharing of DEA intelligence with Hong Kong law enforcement authorities has resulted in the seizure of heroin shipments destined for the United States and the capture of major drug traffickers. The U.S. and Hong Kong governments also

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[2]According to DEA, an increasing share of Southeast Asian heroin is imported to the United States through southern China and Taiwan. Large-scale heroin shipments, mostly from Burma, move across southern Chinese provinces to ports on China's eastern and southern coasts. From there, the heroin is often shipped to Taiwan by Chinese fishing trawlers and transferred to Taiwanese vessels for movement to the United States. Taiwan also serves as a transshipment point for heroin brought by fishing trawlers from Thailand, usually by way of ports in southeastern China.

have worked closely to arrange extraditions of drug traffickers to the United States for trial. Also, a bilateral agreement permits assets seized by the Hong Kong authorities from convicted drug offenders to be shared between Hong Kong and the United States. As of August 1995, Hong Kong had frozen or confiscated approximately $54 million worth of drug traffickers' assets under a bilateral agreement. Of this amount, the seizure of at least $26 million in assets was based on information that U.S. law enforcement agencies provided.

U.N. DRUG CONTROL EFFORTS

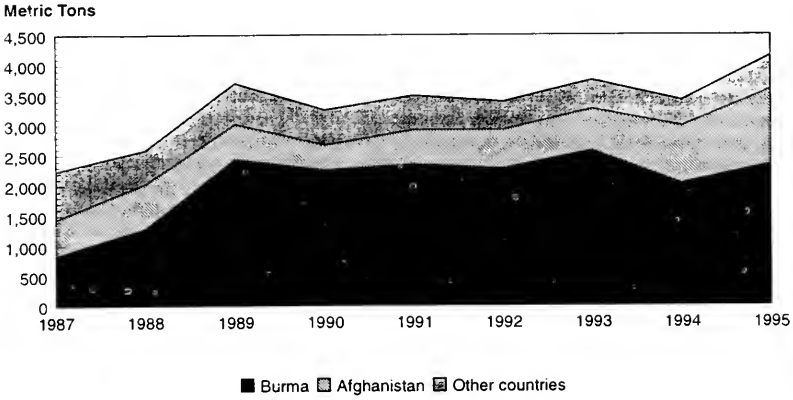
A key element of U.S. heroin control strategy is the increasing reliance on international organizations, such as the United Nations, in countries where the United States faces significant obstacles in providing traditional bilateral counternarcotics assistance. In Burma, the United States has been a major donor for UNDCP drug control projects, providing about $2.5 million from fiscal years 1992 through 1994. However, we found that the projects have not significantly reduced opium production because (1) the scope of the projects has been too small, (2) the Burmese government has not provided sufficient support to ensure project success, and (3) inadequate planning has reduced project effectiveness. For example, UNDCP created "opium-free zones" in specific parts of Wa territory where poppy cultivation was prohibited. However, U.S. officials told us that some farmers simply moved their planting sites to remote sites outside project areas. - Also, the Burmese government failed to provide in-kind resources to support UNDCP activities such as civil engineering personnel and basic commodities such as fuel and did not routinely cooperate in granting UNDCP worker access to the project areas. Finally, aerial surveys of project areas designated for crop reduction were not conducted until 18 months after the projects began. As a result, UNDCP had no way to evaluate accurately the effectiveness of supply reduction projects because no baseline data were established at the outset.

In our March 1996 report, we stated that, despite these problems, U.S. counternarcotics officials believed that UNDCP projects offered the only alternatives to U.S.-funded opium poppy crop eradication and alternative development programs in Burma. UNDCP had planned to expand its efforts with a new $22 million, 5-year project but, according to State Department officials, the project now has been suspended because of difficulties in obtaining Burmese government support and cooperation, such as refusing UNDCP personnel access and limiting UNDCP communications in some project areas.

(711223)

ATTACHMENT I

Worldwide Opium Production, 1987-1995

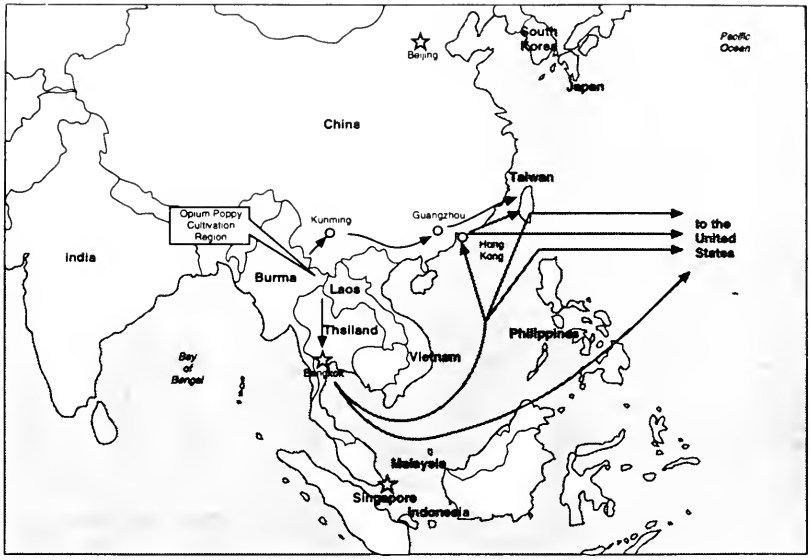


Source: Department of State.

ATTACHMENT II

ATTACHMENT II

Primary Southeast Asian Heroin-Trafficking Routes



Source: DEA.

MusiCares.

Prepared for:
The Subcommittee on National Security, International Affairs & Criminal Justice
by Michael Greene
President/CEO of the National Academy of Recording Arts & Sciences
and
President of MusiCares
September 16, 1996

"For decades, alcohol and drug use have wreaked havoc on our music community, our young people, and our culture at large. We can only imagine how much richer our culture would be today if artists like Billie Holiday or Jimi Hendrix or John Coltrane had lived to continue their creative explorations.

In an effort to address the issue of substance abuse within the music industry, the National Academy of Recording Arts & Sciences has, for over a decade, maintained a strong and influential voice. It has taken steps to bring this issue to our industry's attention based on the conviction that there is a need for an industry-wide consciousness raising about this plague which continues to rob our society and culture of some of its brightest and most talented individuals. Specifically, the Recording Academy has fostered and promoted dialogue between recording professionals and their fans on the devastating effects of substance abuse; has established programs to initiate a proactive strategy for finding solutions to the issues of addiction and intervention within the industry; and has developed an industry-wide awareness of the drug problem by establishing the MusiCares Substance Abuse Intervention Referral Program.

In 1989, the Recording Academy launched MusiCares in order to provide critical health and human services for everyone who pursues a career in the music industry. Since then, MusiCares' Financial Grant and Assistance Program has been financing substance abuse treatment for hundreds of music people. In 1990, MusiCares recruited top recording artists for an anti-substance project involving 8,000 billboards nationwide in partnership with the Federal Government's Office of Substance Abuse Prevention. Through a toll-free number, over 50,000 young people responded and received information and access to treatment.

Over the last year, MusiCares has organized more than 600 interventionists, industry and media people into support groups focusing on substance abuse intervention, and directing their ideas and energy towards education and outreach

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initiatives. MusiCares launched a 24-hour substance abuse toll-free help line (1-800-MusiCares) and has committed over $200,000 of MusiCares' resources to pay for the cost of substance abuse treatment for those who are suffering from financial hardship. MusiCares now employs a full-time Social Worker to handle the substance abuse calls, cases and referral/treatment placements. Most recently, MusiCares provided critical financial support of $40,000 in order to keep the Musicians Assistance Program in operation.

Plans are now underway for a national concert series to establish an ongoing substance abuse fund to expand MusiCares ability to finance the treatment of people in need of in-patient and out–patient services. MusiCares is creating a comprehensive information and referral directory for people who need to locate facilities, interventionists and support groups across the nation. MusiCares is also partnering with the Center for Substance Abuse Prevention on new billboard, print and radio campaigns. Such efforts will help educate the citizenry, especially our kids, about the treachery of addiction. There are also plans to expand the MusiCares program by adding social workers in key regional areas, specifically New York and Nashville.

MusiCares is proud to have created the first industry-wide substance abuse support program. As a result of MusiCares' efforts within the artistic community, the record labels are now mobilizing their most aggressive efforts on behalf of drug awareness and intervention to date. Earlier this month, the Recording Industry Association of America announced its first unified effort to combat drug abuse within its ranks, establishing a three year, two million dollar fund to support the Musicians Assistance Program.

The Recording Academy and MusiCares believe that taking the longer view of this difficult issue will result in a healthier work environment, a positive example for the children of America, and an increased likelihood that at-risk artists, their business associates and their fans will live longer and more productive lives. Ultimately, we are working toward the point where no one who genuinely needs help is turned away – not just musicians, but all music professionals who make music their life's work. Together, we are finding the courage to place the health and welfare of individuals above the bottom lines of corporations."

Mr. ZELIFF. At this point I would like to welcome and introduce our first panel. Dr. Gabe Kelen is professor and chair of Emergency Medicine at Johns Hopkins University School of Medicine. His emergency room in Baltimore has the misfortune of being among one of the top five cities affected by heroin-related emergency room incidents.

Next to him is Benjamin April, who is a student from Hamilton Central School in New York. He understands pressures of heroin from a very special perspective, very different from all of us. As a student in school today his insights will be extremely valuable for us and, Benjamin, thank you for being here.

Ginna Marston joins us from the Partnership for a Drug-Free America, whose public service announcements on television have served as a wake-up call for all of us on this issue. She has brought some of those PSAs with her and she will be sharing those with us today.

Hilary Rosen is the president of the Recording Industry Association of America. Her organization has just renewed and expanded its substantial commitment to combat drug use in the entertainment industry. We all understand the value of such a commitment as we know that our children look up to musicians. We will be very interested in hearing your testimony as well.

With all of that, I would ask you if you would be willing to stand and raise your right hand.

[Witnesses sworn.]

Mr. ZELIFF. The record should show that the answer is in the affirmative.

And let's see. Why don't we start in the same order. Dr. Kelen, would you be willing to proceed? If you would summarize your statement in as short a period as you can then submit the full written testimony for the record.

STATEMENTS OF GABOR D. KELEN, M.D., PROFESSOR AND CHAIR, DEPARTMENT OF EMERGENCY MEDICINE, JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE; BENJAMIN APRIL, STUDENT, HAMILTON CENTRAL SCHOOL, HAMILTON, NY; GINNA S. MARSTON, EXECUTIVE VICE PRESIDENT AND DIRECTOR OF PROGRAM DEVELOPMENT; AND HILARY ROSEN, PRESIDENT, RECORDING INDUSTRY ASSOCIATION OF AMERICA

Dr. KELEN. Thank you very much, Mr. Chairman.

Members of the committee, I appreciate the opportunity to come before you and share information, information that you had requested.

You have my written testimony. I will not read directly from that but highlight three of the major aspects that I have been asked: The medical consequences of heroin use, some sense of the impact on emergency departments of the heroin epidemic, and then an estimate of the cost of the heroin epidemic.

As you probably know, heroin is a semisynthetic opiod made from the milky substance of the poppy. In a very pure form which is now hitting the streets, it is extremely potent. Many of the users mix heroin with a number of other drugs, including cocaine and

other adulterants. In my written testimony I have included a long list of the way heroin can be mixed and is found on the street.

The medical effects are generally classified into two categories: Acute or immediate and chronic. The immediate effects are why people take heroin, it causes euphoria. If you take too much, you actually end up in a coma. More important is that heroin depresses the drive to breathe to the point where again if you take too much you stop breathing altogether. It is much like choking yourself. You functionally suffocate and you die, and that is probably the single No. 1 reason for acute death directly related to heroin use.

The second or maybe possibly even an equally more common related cause for death indirectly is shootings. I will tongue-in-cheek say many of the shootings are related to local disagreements with pharmaceutical representatives of the community and so unfortunately the ugly side of that reality is the patients come in shot and dead, and not only the drug users or those involved in the trade. We often see very innocent bystanders, including young children, who just happen to get in the way.

The chronic effects are more insidious and not really directly related to heroin but more related to the act of injecting. At the turn of the century Sir William Osler, a great physician, said, "To know syphilis is to know medicine." Today I will change that saying around and tell you to know a drug user, an injecting drug user as a patient, is to know medicine, because they pretty well get just about every possible medical condition known to man.

The very act of injecting foreign substances, in particular heroin, depresses the immunity of the patient or user and so they are open to infections. However, let me point out, as probably most of you know, HIV or AIDS is one of the most major of these infectious diseases. In our emergency department, 35 percent of drug users are infected with HIV. That is—when you think about it that is an extraordinary number, greater than one in three come through our doors.

The other major infection that I want to mention is tuberculosis, because that has great implications for the health of the Nation. TB was all but conquered until the mid-'80's when due to the reemergence of AIDS, the decrease in immunity, latent TB that many of us carry around, was unmasked particularly in drug users.

And they are a very difficult population to treat because treatment requires taking medication every day for 6, 9, or 12 months at a time multiple medications. And unless you can get the user in for treatment on a daily basis you cannot eradicate the disease. And in fact, as many of you know, several new strains of TB have emerged that are resistent to multiple drugs and have resulted in death because we simply cannot treat it.

You may be surprised to know that among the most frequent reasons for admission to hospitals among drug users is not infection but psychiatric dysfunction. Again, it is about 15, 20 percent of our admissions through our hospitals are related to that. The societal costs, many of which have been mentioned, again, we consider from a medical point of view criminal behavior, despondency, family disfunction, and homelessness. It is hard to say which came first but certainly they are all related.

Let me mention one other medical effect or at least what I consider a medical effect which is the public health threat. Our blood supply is relatively safe at great costs, but injecting drug users carry a number of deadly viruses with them. I mentioned HIV but also in particular hepatitis B and C and also other hepatitis—A, D, and the new strain now coming out now, hepatitis G. You might be surprised to know that other bloodborne infections are things like malaria and syphilis can also be transmitted back and forth.

Now apart from users transmitting this back and forth, I want to point out how much risk health care workers are at. I mentioned that 35 percent of our drug users are infected currently with HIV. Among all of these other deadly viruses that I mentioned that are transmittable, 90 percent, 9 out of 10, carry one of these deadly viruses which can result in an extraordinary exposure risk to us as health care workers.

A few days ago a nurse in my department, we had a meeting on needle sticks, very eloquently told her story of how she stuck herself when despite the fact of wearing gloves when she helped the drug user undress. He had an uncapped needle in his shirt and she stuck herself. I don't know why he had an uncapped needle. Perhaps he read the NIOSH regulations that you don't recap needles. I am not sure.

But she stuck herself and even though she knows the risks are low, the numbers flew out the window in her mind. She was sure that of the quoted numbers of 2 per 1,000, 3 per 1,000—she was sure she was the one.

To her husband who was a learned and educated man, the numbers meant nothing to him. He was certain his wife was infected. They just had a new baby, she had just returned to work and he didn't want her so much as to touch this new child. Their lives were totally dysfunctional for their 6 months waiting period until she was shown to be fortunately HIV negative.

I myself have had my clock ticking a number of times in my career, and I have seen a number of medical students in the course of their work stick themselves and just leave the career altogether. Many nurses who do surgery and in my department simply leave the career and go on to other things because they feel the risk is too much.

Let me turn to putting the epidemic in a different perspective. The latest number that I have come up with for 1995 is 76,000 emergency department visits related to heroin. By comparison, there are over 140 some odd thousand for cocaine. Although this hearing is focused on heroin, I don't really want to lose the threat that there are other big deals, very important drugs that are being injected and abused and heroin is just one of the deadly ones.

As you mentioned, that increase compared to 1990 is greater than a doubling. In Baltimore for some reason from 1990 we have gone up 400 percent. More than 10 percent of that total volume somehow ends up in Baltimore, but in terms of the total number of emergency department visits in the Nation, of which are close to 100 million, we are looking at under 1 in 1,000 are related to heroin. I think most of those end up in my hospital but somehow overall distributed across the Nation; it is 1 in a 1,000.

We have heard about the purity and the decreased costs. I don't know about the decreased cost but I think there is plenty of evidence that the purity has increased. I would not be so encouraged about the number of people that have switched from injection. I think if you read the numbers, they are not as trustable as they seem. We have seen anecdotally increased use that doesn't involve injection, but I wouldn't say everybody has switched completely over. This isn't just a disease of the downtrodden and the underprivileged.

Recently you may have seen on the news in May and earlier months in Philadelphia and New York a big scare of scopolamine mixed with heroin that has resulted in a huge number of hospitalizations from intensive care units and possibly even some deaths. The people that came into my emergency department at that time weren't the usual drug users that we see. Many of them were what you would otherwise consider citizens in a different way: All ethnic groups, men and women who were clearly recreational drug users on a Friday night and are generally not known to us and we don't pick them up in our statistics.

Let me move to the cost. I did a search on Medline and I looked all through the Internet and I could not find reliable data on the costs. However I did get data from the Maryland Health Costs Review Commission and made some extrapolations. These 76,000 ED visits related to heroin use one way or the another in 1995. By my estimations, and I do want to give a caution that I'm not a health care economist, but based on real data is over $200 million. On first pass that seemed like a lot of money to me. On second pass it didn't seem like all that much money in terms of health care dollars.

But when I relooked at it I realized this is just the immediate cost, the emergency department visit, and the proportion which is about a third or more that are admitted. So that doesn't count for the social workers, the ambulance costs, the detox centers, the clinics, and so forth. It doesn't account for the human element that I have mentioned, the people who switched jobs, the students who leave this line of work. It doesn't account for the huge costs that we now bear in health care of universal precautions and the type of protection that we now take for TB that we previously hadn't been taking. So this $200 million that I'm quoting you is really the tip of the iceberg.

Now it doesn't really matter what the costs are because the costs are shifted to somebody else. Most of these inner city drug users do not have the means to pay. In Maryland, those without any means of insurance in 1995 were close to 40 percent. That was up from 10 percent in 1990. Those who were on the State Medicaid roles had decreased from 60 to 40 percent, so up to 80 percent of these patients don't have very good means to pay for the health care they need and have very, very poor access.

Perhaps to answer Mr. Cummings' question, this is maybe the one area that I may be able to make a contribution. One, I think that we need to address the issues of the inner city. I don't think that is Government alone. That really requires many of us whether we are in the public health field or not. Many of the inner city youth, and we know this, we have studied it, have an outright ex-

pectation that they will not live to see much of their 20's. This is how they live in their teens. When you have that level of despondency taking drugs is no big deal.

Maybe on a more immediate level we do know that at least 25 percent of reasons for visits to the emergency department by drug users is for detoxification. There is a long list and there is a shortage of detoxification centers. That is one area if we put appropriate resources we may be able to make a difference.

One you do want to cut it off. You don't want to encourage people to get on it, but once on it we still have to address those people and those who have some hope and give the opportunity to do so. Thank you very much.

Mr. ZELIFF. Thank you very much.

[The prepared statement of Dr. Kelen follows:]

Mr. Chairman and members of the Committee: My name is Gabe D. Kelen, M.D. I am Chairman of the Department of Emergency Medicine at The Johns Hopkins University School of Medicine and a board certified emergency physician practicing at The Johns Hopkins Hospital. I appreciate the initiation to comment on medical effects and potential economic impact related to the apparent resurgence of heroin use in this country.

BACKGROUND

Heroin (diacetylmorphine) is a semisynthetic opiate derived from the milky juice of the poppy (Table I). It is readily absorbed via several routes of administration--intravenous, intraarterial, intradermal (skin popping), intramuscular, stomach, lungs (inhalation), and mucous membranes (Table II). The most rapid and pronounced effect follows direct injection into the blood stream. The least effect is following absorption from the stomach, partly due to metabolism prior to passing into the general circulation. The body essentially metabolizes heroin into morphine. The effects of heroin are relatively short lived with a biologic half-life of only 2 to 3 minutes (Table III). (The overall effect is longer). All opiods produce their effect by binding to different types of opiod receptors throughout the body. Use of heroin results in addiction and physiologic tolerance, i.e. increasing amounts are required over time to achieve a similar effect. Once addicted, abstinence results in a withdrawal phenomenon.

During the mid 1980s and before, typical street heroin purity was only 5 to 10%. However, street level purity has been steadily increasing since that time, upwards to 60% or higher. Higher purity of heroin available at street level allows the user to ingest heroin via routes other than intravenous or even intradermal injection (vide infra). Inhalation at these purity levels becomes attractive because it allows similar effects without the risks of transmitting disease and

prevents some long term consequences associated with injection. While in one sense this may be desirable as a means to diminish the transmission of blood-borne infectious diseases including AIDS and hepatitis, it is possible that so-called recreational users and possibly children may try this drug whereas they would otherwise shy away from injected substances.

EFFECTS OF HEROIN ON THE BODY

The clinical effects of heroin should be considered from two points: immediate (acute) effects of the drug and long term (chronic) effects. These are detailed in Table IV in the appendix.

The sought after immediate effect is mood alteration, particularly euphoria. If too much is ingested, this effect proceeds to altered sensorium ranging from stupor to frank coma. Heroin (as all opiates) suppresses the effort to breath. Again, if too much is ingested, this effect can progress to the point in which the user stops breathing, essentially suffocating. This is the most common cause of death directly attributable to the effect of the drug. Other acute effects are noted in the Table IV. Patients who present to the emergency department (ED) due to acute effects of the drug are usually easily treated with opiate antagonistic drugs such as naloxone, which can readily and almost immediately reverse the acute effects. Even patients literally at death's door can usually be successfully treated by such agents and subsequently discharged from the ED within a short time (if other substance abuse or medical condition is not an issue).

Chronic effects are more concerning, insidious, and difficult to deal with from a medical and public health care perspective. The continued use of heroin, particularly in injected form, diminishes the effectiveness of the immune system. As a direct result of injecting, users are at high risk of infection. In particular HIV and Hepatitis B and C viruses are readily transmitted

through shared needles. Bacterial endocaridits (infection of the internal lining of the heart and heart valves) and cellulitis and skin abscess (an infection of the skin related to the introduction of bacteria via the injected needle) are the most common infections not particularly related to shared needles. Although as a group, infectious disease etiologies are the most frequent reason for admission to the hospital, the entity responsible for the next greatest number of admissions is psychiatric dysfunction.

Among the most devastating complication of injecting drug use is AIDS or HIV. At the Johns Hopkins Hospital, approximately one third of all IDUs admitted to the ED are infected with HIV, and of these approximately 50% present with related complications. Complications related to HIV are legion and not necessarily related to drug use per se. These are described in Table V in the appendix. However, one complication deserves particular mention--tuberculosis. Tuberculosis, all but conquered by the 1980's in the U.S., experienced a major resurgence. A principle cause of this resurgence was the unmasking of latent TB among drug users due to the immunosuppressive effects of HIV. Further, due to the difficulty of effectively enrolling injecting drug users (IDUs) into long term therapy regimens required for TB, control and further prevention of transmission has proven difficult. Partial treatment of TB among IDUs has lead to the emergence of particularly deadly and resistant strains of TB called multi-drug-resistant TB (MDRTB).

Other Social Effects

The personal and societal effects of drug addiction are well known, and medically related issues are simply one facet of this. Homelessness, crime, prostitution, despondency and psychiatric dysfunction are all associated with drug use. However it can be difficult to determine

which came first. The societal, economic and medical costs due to violence and other crime related to the drug trade are enormous.

Public Health Concerns

Needle sharing habits of IDUs threaten the blood supply. Further, TB and blood-borne transmissible diseases that IDUs harbor are a constant threat to health care providers. In addition to HIV, transmittable diseases by blood include: hepatitis B virus (HBV), hepatitis C virus (HCV), Hepatitis Delta virus (HDV), hepatitis A virus (HAV), possibly hepatitis G virus (HGV) and HTLV-I and II viruses, cytomegalo virus (CMV), Epstein-Barr virus (EBV), malaria, syphilis, leptospirosis, and Q fever.

The risk to health care providers in caring for these patients is very real. At the Johns Hopkins Hospital almost 90% of all IDUs carry at least one transmittable deadly virus, most frequently, HCV, HIV or HBV. Although there is protection against HBV, there is limited protection against HIV and none for HCV. Although the likelihood of transmission of HIV following parenteral exposure in the health care setting is small (but measurable), each exposure carries with it an indescribable fear and disruption of normal life for at least 6 months.

THE EPIDEMIC

The Office of National Drug Control Policy (ONDCP) estimates that there are 600,000 hardcore heroin users. Substance Abuse and Mental Health Services Administration (SAMHSA) data estimates there were 76,000 heroin related ED visits in 1995. This represents an approximate 125% increase compared to 1990. Cocaine associated ED visits were 142,000 in 1995, a 77% increase since 1990. At the same time, all ED visits nationally increased by less than 25%.

For the SMSA Baltimore, SAMHSA data indicates an over 400% increase in ED visits by heroin users since 1990. By comparison, those with cocaine related visits increased almost 200%. ED visits to Baltimore hospitals by all patients remained steady during this same time period. These large increases are confirmed by our own data from the Johns Hopkins Hospital ED which was also reported to SAMHSA (via the Drug Abuse Warning Network: DAWN). In fact, the Johns Hopkins Hospital ED accounts for upward of 40% of all ED visits by heroin users in Baltimore. Nationally, heroin has ranked the third most common substance (responsible for 9% to 13%) among all ED visits that involved some drug mention. By comparison, the two most frequent, cocaine (25% to 40%) and alcohol (30%), have competed for top ranking over the years.

Injecting routes of administration for heroin has fallen from 78% in 1988 to 58% in 1994. This is likely related to purity of heroin now available at the street level. Concomitantly, non-injecting modes have risen. In Maryland, non-injecting modes of heroin ingestion now account for 50% of drug use practice.

Nationally, slightly over one third of all ED visits by heroin users results in an in-patient admission. This ratio has held steady since at least 1988. Data from studies at the Johns Hopkins Hospital confirms these ratios.

Since 1990, heroin related episodes have increased by 134% for African-Americans and 115% for whites. There was an unusually large increase of 26% heroin related ED visits for whites compared to 11% for African-Americans between 1994 and 1995.

Nationally, the ratio of men heroin users to women has remained more or less stable over the years with about 70% of the ED visits by users being men. However, in Maryland, women seeking substance abuse treatment have increased by 50% from just 1993 to 1995. The

underlying reasons for this increase are unclear. Nationally, enrollment in drug abuse treatment has more than doubled since the early 1980's, predominantly due to cocaine use.

The most frequent reasons for ED visits related to heroin are for chronic effects, overdose, and need for detoxification, accounting for two thirds to three quarters of all ED related visits over the years. Most importantly, seeking detoxification as a reason for an ED visit has increased by 50% since 1988.

The most frequent reasons for in-patient admission among heroin users at the Johns Hopkins Hospital are: psychiatric conditions (18.1%), HIV related (15%), and consideration of endocarditis (7.5%). In our hospital, in-patient admissions among this group have increased 360% from 1990 to 1995, with 82% of such patients now admitted through the ED compared to 41% in 1990. State of Maryland Hospital Discharge Data indicates a similar but somewhat less striking trend with a 56% increase in hospital admissions during the same time span.

HEALTH CARE COSTS

During 1995 in Maryland, 4,454 heroin users were admitted to the hospital for a total of 23,844 days at a gross cost (charges) of $25,351,999; approximately $1,000 a day or $5,692 per admission. Considering that approximately 35% of the 76,023 heroin users are admitted nationally, by extrapolation, estimated gross costs are over $150 million. Basic gross costs (charges) averaged across ED visits for heroin users not admitted to the hospital are approximately $350. Based on this estimate, gross costs related to ED visits among those not admitted are estimated at $17.3 million. Thus the total estimated hospital gross costs are $170 million. However, the above figures consider only hospital gross costs. The physician charge component is likely in excess of a further $40 million, bringing care costs to well over $200

million annually. Since these estimates are based on Maryland and Johns Hopkins Hospital data, the above may not represent true generalizable costs, but can be taken to be a reasonable ball-park estimate. Further, these numbers may be an underestimate as DAWN figures are vulnerable to under-reporting. Still, the sums are impressive, particularly considering that the estimates are for heroin only and do not include other substances unless they are co-incident.

Whatever the actual costs, much of the charges are not collectable and are merely shifted. Hospitals, other facilities, and states build such potential losses related to indigent care into their rate structure. Physicians avoid these patients sometimes for prejudicial reasons, but most often because they are unwilling to assume a medical-legal risk for a situation where they are unlikely to collect a fee. State Medicaid, which generally reimburses hospitals reasonably well in most states, barely pays the equivalent of physician overhead (if that). The lack of ready access to medical care accentuates and perpetuates the medical and psycho-social consequences and in a vicious circle undoubtably adds to the long term medical (and societal costs) associated with addiction. In the state of Maryland, heroin addicted patients without any insurance (i.e."self pay") increased from 10% to 37% from 1990 to 1995. At the same time, those covered by Medicaid decreased from 62% to 41%.

SUMMARY

In summary, heroin use has experienced a resurgence in recent years at enormous individual, societal, medical and economical consequences to the nation.

TABLE I - Street Opiod Vocabulary

Proper Name or Term	Street Term
Heroin	Skag, dope, shill, horse, H, white stuff, lady Jane, white lady
Intra-arterial injection	Pinkie
Intradermal injection	Skin popping
Intravenous injection	Mainlining
Inhalation	Snorting
Inhalation of pyrolysate	Chinese bowling
Addict	Junkie
Withdrawal	Jones
Needing a dose because of addiction	Strung out
Syringe	Works (syringe, tab, spike fix, cooker)
Occasional use	Chipping
Scars from needle	Tracks
Onset of a high	Rush
Somnolence	Nod
Overdosage	OD, nod out, fall out
Drawing blood in and out of needle	Booting
Attempt at internal jugular injection	Pocket shot
Fentanyl	China white
Postinjection fever	Cotton fever
Heroin-cocaine mixture	Speedball
Site to buy and inject drugs	Shooting gallery

TABLE II - Common Admixtures

Local Anesthetics:	(procaine, lidocaine, tetracaine, benzocaine, butacaine
Stimulants:	(amphetamine, caffeine, ergotaime, aminophylline, strycinine, phencylclidine, nicotaine, phenylpropanolamine).
Hallucinogens:	(LSD, Hashish, marijuana, PCP)
Depressants:	(Alcohol, methapyrilene)
Inert substances:	(Talc, flour, cornstarch, sugars)
Other:	(Quinine, thiamine, $NaHCO_3$ [baking soda], magnesium silicate, $MgSO_4$, salicylamine, cotton fibers, thallium

TABLE III - Classification, Potency, Pharmacokinetics of Narcotics/Opiods

Opiate	Trade Name	Half-life	Potency (Equi-analgesic Dose, mg IM/IV)
Opium derivatives			
Codeine		2 hr	120
Morphine		2-3 hr	10
Semisynthetic opiates			
Heroin		3 min	3-5
Hydromorphone	Dilaudid	2-4 hr	1.5
Oxycodone	Percodan/Percocet	1-5 hr*	15
Oxymorphone	Numorphan	1-3 hr	1.5

*Parent compound.

TABLE IV - Medical Effects of Heroin Use

Acute Effects	
Central Nervous System	*Mood change (euphoria) *Depressed (stupor to coma) Seizures
Pulmonary	*Respiratory Depression (may be fatal, usual cause of acute death) -Hypoxia (low oxygen) -Hypercarbia (high carbon dioxide) Pulmonary Oedema (non-cardiogenic) Aspiration Embolus
Chronic Effects	
Addiction	
Infections	Tetanus Soft tissue infection -Abcess -Celluitis Endocaridits Septic emboli (pulmonary, etc.) Septic deep vein thrombosis TB (lung and bone) Aspiration pneumonia Lung abcess Osteomyelitis (cervical and L/S spine) Blood-borne infections -Hepatitis A, B, C, D, G viruses -HIV
Hepatic	Cirrhosis Hepatitis
Psychiatric	Multiple conditions
Trauma	Multiple
Social	Homelessness Crime Violence
Central Nervous System	Abcess Embolic stroke with endocarditis Ruptured mycotic aneurism
Eye	Septic emboli Fungal endopthalmitis

TABLE V
Clinical Syndromes in Drug Abusers: AIDS vs. Non-AIDS-Related Etiologies

Syndrome	AIDS-Related	Non-AIDS-Related
Diffuse pulmonary infiltrates, dyspnea, hypoxia	*P. carinii* pneumonia Kaposi sarcoma Lymphoid interstitial pneumonia Cytomegalovirus pneumonia	Septic pulmonary emboli Disseminated tuberculosis Opiate pulmonary edema Sepsis with shock lung Talc granulomatosis
Altered Mental status	AIDS dementia Cryptococcal meningitis	Drug/alcohol intoxication or withdrawal Bacterial meningitis
Focal CNS lesion	Toxoplasmosis Cryptococcoma Lymphoma	Septic embolic infarct Brain abscess Tuberculoma Hemorrhage
Skin or mucous membrane petechiae/purpura	Idiopathic thrombocytopenic purpura	Sepsis and/or DIC Endocarditis
Lymphadenopathy	HIV adenopathy	Regional adenopathy from injecting (axillary, groin, neck)
Hepatitis	Cytomegalovirus Epstein-Barr syndrome	Viral hepatitis: A,B, delta, non-A/non-B

Abbreviation: DIC: disseminated intravascular coagulation

GLOSSARY

DAWN	Drug Abuse Warning Network
ED	Emergency Department
IDU	Injecting Drug User
IVDU	Intravenous Drug User
SAMHSA	Substance Abuse and Mental Health Services Administration
SMSA	Standard Metropolitan Statistical Area

Mr. ZELIFF. Our next panelist is Benjamin April, a 17-year-old student. We appreciate your being here and look forward to your testimony.

Ms. MARSTON. Can I jump in and introduce him?

Mr. ZELIFF. Sure.

Mr. MARSTON. He is here to tell you about what it is like to grow up as a teen in the 1990's, the period of time we are talking about today, and what kids his age think about drugs and about heroin. Unlike the people that you are going to see on the television advertising, Ben represents the vast majority of kids who do not use drugs. His age group came of age and grew up during this period when drugs were heavily reglamorized.

He is a senior at Hamilton Central School in New York State. He is vice president of his class and a leader in a very low-key style. He is editor of a literary magazine and a newspaper, and manages to find time to play two sports, where he is on championship teams in soccer and tennis. He also plays rock guitar in a band locally.

Mr. ZELIFF. I understand he is also interested in government.

Mr. APRIL. My name is Benjamin April. I am a 17-year-old senior at Hamilton Central School in Hamilton, NY, which is a small town located in upstate New York.

Growing up in my town, I have noticed that there has been an increase in drug use in general. I remember when there used to be a small group of juniors and seniors in my school who were experimenting with drugs, but now that small group has become a larger part of the student body.

Although there is a drug issue at my school, heroin does not seem to be a major part of it. I do not know every drug that is circulating in Hamilton, but from what I can tell heroin is very scarce compared to some of the other drugs that I hear about, such as marijuana.

Most of what I know about drugs has been derived from television, movies or reading about drugs in articles published in magazines and newspapers. It seems that in the past few years there has been a lot more heroin-related deaths in the entertainment industry than ever before. I think that most kids these days learn about heroin the same way I do, from watching television and movies or reading newspapers and magazines. MTV has had many specials or news reports on drugs, on heroin and just drugs in general, and they have been very informational, with vivid details and a lot of statistics about drug use and how dangerous it is.

I am a subscriber to the Rolling Stone Magazine, and there have been many issues in the past 6 to 12 months that deal with heroin and musicians. Some articles are about singers who are already dead; some are about musicians who have overcome their addiction to drugs. Music is a big part of my life, and many of the lives taken by heroin in particular were those of influential performers.

The fashion industry also seems to be affected by heroin and other drugs. Many models try to look like they are heroin addicts as a fashion statement. Ads in the Rolling Stone Magazine show photos of models that look like they are drug addicts. Their facial expression, their skinny body and some of the outfits they wear are some of the features that stand out.

Personally I do not think that selling clothes, or anything, for that matter, by glorifying drugs is the best way to sell an item. And I do not think that these sorts of advertisements do much to help kids my age understand what the drug problem is all about. To me and my friends, heroin is one of the most dangerous and life-destroying drugs.

I think in kids' use heroin is different from marijuana because it is very addictive, costs much more and is very intimidating. It has a powerful high, which keeps the majority of kids my age away from it. The video commercials by the Partnership for a Drug-Free America that air on television are very graphic, and I think that they help to keep people and kids in particular from experimenting with heroin.

There is a major drug issue in the world today, and although we may not be able to stop it completely, we should try to control it by preventing kids and adults from trying drugs in the first place. I think that problem just does not lie in educating people about the dangers of drugs, but providing alternatives that will keep people away from drugs in the first place. Thank you.

Mr. ZELIFF. Thank you very much.

Ginna Marston from the Partnership for a Drug-Free America, whose public service announcements on television have served as a wake-up call on this very important issue. Welcome, and we appreciate your involvement today.

Ms. MARSTON. Good morning, and thank you for having me here, and thanks for including the Partnership. We have done a volunteer media campaign which has run for 10 years, warning kids about drug danger. This summer we launched the first national advertising aimed at heroin in particular.

You have heard all the stats: In this decade use is rising, as are treatment admissions, emergency episodes, and the death toll. Users are younger. The average age is no longer 38 but is now 21, and only a few percent of teens are already on heroin but that is changing rapidly. The number of eighth graders who have tried heroin doubled within the early 1990's, and among the teens last year, the average trial age was 13½ years old. That is the same as for marijuana by the way.

Heroin is a sickening drug but we have to remember it starts out with great pleasure. It gives you a blissful, warm floating feeling that can last for 4 to 6 hours. People compare it to sexual ecstasy, and it does activate the brain's pleasure centers, but it can addict you in a matter of weeks and then it is not about getting high. You are using just to get straight. You feel very sick without it. Your body becomes wasted. Some addicts kill themselves because they believe they cannot quit, and the addiction is unbearable.

Heroin use is going up for three reasons. This is very clear in the attitude and perceptual research.

First, kids today do not all know heroin is dangerous. Half of teens say it is not risky to try it. We do have what the drug researchers call a generational forgetting.

What's more, the pure powder heroin today is 10 to 20 times stronger than it was in 1980, so you can sniff or snort it and never go near a needle. That has attracted new users. Very often they are white and affluent. They use the drug on weekends at parties.

They are called chipper users and they do not think it is addictive, especially in powder form, at least not for them. Soon some of them need four bags of powder, not one, just to feel well just for awhile. Then they start injecting, so they switch to the needle to save money.

No. 2, in the 1990's heroin became the hip drug. The pop culture role models coolest to kids portrayed it as glamorous. It has become the drug of choice for a new group of rock musicians. We all know that. They have been in and out of treatment, arrested for possession, and canceled concerts, and there have been the well-publicized overdoses and deaths. The lyrics and even some of the band names mirror and enhance the mystique and ethos of drugs. It is like nothing has changed since I was in high school. When I listen to the songs today, it really takes me back.

Insiders say that use among their colleagues is wildly overstated, that it is no worse there than anywhere else. Others say it is rampant and you cannot find a band that is not using substances. When it comes to kids, it does not even matter when what the reality is; the perception is what counts. Kids today believe rock musicians use drugs. That is the stereotype and that is the cliché. As David Lee Roth said last week, you need to have at least a small drug bust on your résumé to be considered a rock star.

Musicians and actors, the research says, are the people kids say they most want to be like. So here we are losing another generation of musicians, and the research clearly shows kids are copying them.

Music people tell me privately there is still an unspoken code by which it is "uncool," it is the kiss of death to come out publicly against drug use. Nobody wants to preach. That is not their job. They say they want to help, but they believe the music industry must first handle its own drug problem among musicians.

But drugs and rock and roll really grew up together and they have a special and unique relationship. Who could better address the pain and damage of drug addiction in a real and meaningful way than the music world? I wonder where the stars are of my generation, who have been to hell and back again on drugs. Where is their voice in this?

It would only take one or two people with guts to turn this whole thing around among kids, one mega concert, one unplugged broadcast with the right stars and the right theme to transform the image of drugs with kids. I was very touched by the Neil Young performance at the rock music video awards of his classic song, "The Needle and the Damage Done." It was in memory of Kurt Cobain and others.

We are very glad the music industry has announced its intention to help musicians more systematically get into treatment and get well before they become tragedies. These are great steps that are to be applauded. They take a lot of courage. But if we do not change the image of drugs as cool among kids, we are not going to be able to keep kids from starting and we are not going to be able to turn this trend around.

We cannot do that without the help of the music world and other influences in pop culture. The popular trend-setting, films that sensationalize heroin as the final taboo. "Junkie chic," much has been

made of this in the 1990's; fashion models, emaciated, with glassy eyes, matted hair, et cetera. That is another part of it, all pop culture.

The third reason kids are using again is that their parents' voice has been drowned out. Ironically, baby boomer parents are out of touch with kids and drugs today. Today's 13- to 15-year-olds are three times as likely to be using drugs as we parents think they are. So we have been there and done that but we are really out of touch.

This is the first generation of parents that really knows about drugs. We grew up with them. Most of us used them. If powder heroin would have been around when I was a kid, I of course would have used it. We all know of people who turned out fine, most of them dead, but we also know the burnouts, the addicts and the suicides. So we can be more intelligent, credible, and real on this topic with our kids than our parents ever were with us.

We also have a generation of drug-savvy adults coming of age into positions of influence and leadership in this culture, in government and in the private sector. So for the first time ever we have the personal experience to deal with the drug problem in a real and meaningful way. If you are 30-something or 40-something years old you are not going to be gasping in shock and horror at the fact that kids use drugs. What we want to do is figure out what can be done about it, what is a positive way to deal with it.

The baby boomer generation of adults do not want the issue politicized. We are sick and tired of the extreme rhetoric and zealotry about the drug problems. We are sick of arguments about who once used drugs and who spent what on guns and on boats. The research is very clear about this public attitude.

It is also clear about what works: No. 1, kids knowing the risks; No. 2, the coolest musicians and other stars not using and not being afraid to say that they are not using; and, No. 3, leadership that is real on the subject, constructive, not political, not divisive and not finger pointing.

The Partnership's new media campaign attacks the glamorous image of heroin. These ads are not easy to look at, but we need to show that the reality of heroin is very ugly. Let's look at a few examples.

[Tape played.]

Ms. MARSTON. Thank you again for having the hearing. Thanks for including us.

Mr. ZELIFF. That certainly brings a message.

[The prepared statement of Ms. Marston follows:]

by Ginna Marston
Executive Vice President
Partnership for a Drug-Free America

Good morning to everyone. Thanks for this chance to share the views and experience of the Partnership for a Drug-Free America on the re-emerging threat of heroin in the '90s.

The Partnership is a volunteer advertising and media campaign which has for ten years helped prevent drug use among American children by warning them about the dangers of drugs. This summer, after several years of intensive study of the new heroin problem, we launched the first national advertising effort aimed at heroin.

The Need:
Heroin is being marketed to a new generation of young people--not just by drug cartels and dealers, but by some of the most influential role models of popular culture, who have helped make heroin seem chic and glamorous. The indicators are quite clear: heroin use is rising in many areas of the U.S. Heroin-related treatment admissions are up, emergency room episodes are up, and the death toll is up.

There is a new and younger generation of users, whose average age is 21. Use among even our youngest teens has increased significantly in this decade. Among teens in 1995, the average trial age for heroin was 13 1/2 years old, the same as for marijuana.

Only a few percent of teens are already heroin users, but that's changing rapidly. But the number of eighth graders who've tried heroin doubled within the early '90s. (Show chart.)

If you've never been addicted to a drug, it's hard to understand what the craving for a drug like heroin is like. One addict described it to me this way: He said, "Hold your breath." I did that. After about 20 seconds, he said, "Keep holding it." And so I did, becoming more and more uncomfortable. Eventually, I had to breathe. "Do you see how much you wanted air?" he said. I've always remembered that.

Heroin is--literally--a sickening drug. It activates pleasure chemicals to produce a blissful, warm floating feeling that can last for four-to-six hours. People compare it to sexual ecstasy, and the brain effect is not unrelated. But, the drug can addict you in a matter of weeks. Then you don't get high, you get straight. You feel very sick without it. This addiction is unbearable for some, who choose suicide rather than living with it.

Why is heroin increasing?

The Partnership has done a ten-year national research study on attitudes about drugs, which shows three reasons why drugs, including heroin, are becoming popular among kids, after use dropped in half during the 1980s.

1) First, kids today do not know heroin is dangerous. Fully half of teenagers do not see it as risky to try. Experts will tell you that the perception of risk, when credible and personally relevant, is the most effective barrier to trial of any drug. That barrier is not there anymore. We have what Dr. Lloyd Johnston, of the University of Michigan, calls "a generational forgetting" about the adverse effects of heroin.

What's more, purer powder heroin sold today is 10-to-20 times stronger than that of 1980, attracting newer and younger users, who'd never go near a needle. These new weekend users, or "chippers," start out sniffing or smoking the drug socially. Soon some find they need four bags of powder just to feel well. Then they start injecting to self-medicate efficiently, to save money.

Needle drug use is, of course, the fastest growing route of HIV transmission. Can we afford to multiply the number of people sharing needles?

2) In the '90s, heroin has become the fashionable, hip drug. Popular culture portrayed heroin use as popular and glamorous among the role models coolest to kids.

Music:

Now, a new group of rock musicians has begun using heroin. They've been in and out of treatment, arrested for possession, and have cancelled. And there have been a spate of well-publicized overdoses and deaths.

Some music insiders say that use among their colleagues is understated; others say it's rampart. When it comes to kids, the perception is all that matters. The stats show kids believe rock musicians are using drugs, and heroin in particular. As the performer David Lee Roth commented last week, "You need to have at least a small drug bust on your resume to be considered a rock star." Other research shows that musicians, along with actors, are the people kids most want to be like.

Music lyrics have described and extolled the sensational experience of heroin with poetic images of heroin, of opium poppies and "getting low," with band names mirroring the subculture of addiction, such as Morphine, Ammonia, Jane's Addiction, perpetuating the ethos and mystique of this drug.

Yet even now, even after a generation of musicians and young people suffered from addiction and death, we stand poised to repeat the experience. Music people tell me there's still an unspoken code by which it is "uncool," the kiss of death, to come out publicly against drug use.

Yes, musicians are not preachers. Yet, as a baby-boomer who grew up playing rock 'n'roll music, going to concerts, and also witnessing first-hand the drug devastation as a teen in the 70s, I am amazed that teens of the nineties are growing up with the exact same attitude that drugs are cool, copied from the most popular musicians. Listening to the hits today, I feel like I'm in a time warp and we've learned nothing.

I wonder--where are the stars of my generation, who've been to hell on drugs and back again? Where is their voice in this? It

would only take one or two people with guts to turn the whole thing around, by spreading the word about heroin.

We were happy to see Neil Young perform his classic song, "The Needle and the Damage Done" as part of the MTV Music Video Awards earlier this month, as a tribute to Kurt Cobain and others. And we're glad the music industry has now announced its intentions to help addicted musicians get into treatment. It's a great step, but we hope the music world also sees the huge positive impact it can have on protecting ordinary kids from the disease of addiction.

Film:
Several popular trend-setting films, from "Pulp Fiction" to "Basketball Diaries" have focused on the sensational aspects of heroin use, just as the movies included powder cocaine use scenes in the early '80s. The new film "Trainspotting" was reviewed as "the first funny, upbeat look at heroin addiction."

For a small but vulnerable group of kids who feel alienated, it is the taboo and allure of danger that make heroin so exciting. The mystique of dancing with death is illustrated by some of the brand names under which the new powder heroin is sold: "Body bag." "Poison." "Dead On Arrival." "Next Stop Heaven."

Fashion:
Finally, in fashion, the "junkie chic" or "heroin look" of models evolved out of the "grunge" style of alternative rock music and onto runways in the '90s. Models are ultra-thin, pale, emaciated, physically wasted, with raccoon shadows under glassy eyes, matted hair, and disheveled hair.

Rolling Stone, Allure and GQ all have covered the pervasive image of heroin as a phenomenon of this decade. As the New York Times said: "'90s fashion...may well be remembered as the decade when fashion served as a pusher -- a pusher of what appear to be the best-dressed heroin addicts in history."

3) National research on the baby boomer parents shows that the generation that's "been there, done that" with drug experimentation, ironically, we're out of touch with the vulnerability of our own children to drugs. Today's thirteen-to-fifteen year old kids are *three times* as likely to be drug users as their parents think they are. Yet we, as parents, are in fact more powerful than "peer pressure." Kids whose parents teach them about drugs are only half as likely to get into drug use. "Teach your children well," as the song says.

The campaign:
The Partnership for a Drug-Free America has now launched a new campaign to attack the glamorous image of heroin. The TV ads were developed on a volunteer basis by ad agencies from different parts of the country.

Some use ordinary people who've been damaged by addiction. The ads are not easy to look at, but we need to show the reality of heroin, which is not pretty or glamorous. Let's look at some examples.

SHOW THE TV SPOTS

What needs to be done:

Despite all stereotypes to the contrary, the drug problem is not unmanageable. Research has documented what works and under what conditions: 1) accurate information about risks; 2) popular culture role models who define what's cool and influence kids adopting an attitude that heroin is not cool; 3) parental involvement, and 4) leadership that keeps attention focused on the issue.

Thanks again for conducting this hearing, and for this opportunity to share the viewpoint and volunteer work of the Partnership. Congress people can help by working with the 5,000 community coalitions in their districts to make sure the TV stations are supporting the campaign, and running the ads. Contact The

Community Anti-Drug Coalitions of America, or CADCA, to get involved at the local level: 800-54-CADCA.

I'd now like to introduce Ben April, who's here to tell you what it's like to grow up as a teen in the '90s, and what kids think about a drug like heroin.

Unlike the people you saw in the TV ads, Ben represents the vast majority of kids who do not use drugs. Still, his is the age group that came of age during the heavy reglamorization of drug use.

The research data trends and patterns are clear. If we don't take action to intervene with the re-emerging popularity of heroin as a drug used for recreation, we can expect continued increases in use, the number of addictions, emergency room episodes and the death toll, not to mention HIV/AIDS related to needle injection.

And when my own two elementary-school-age kids hit their teens, the majority of kids will once again be drug users, just as when I was in highschool in 1976.

Mr. ZELIFF. Billie Rosen, the president of the Recording Industry Association of America. We very much appreciate your being here and look forward to your message, as well.

Ms. ROSEN. Thank you, Mr. Chairman and members of the subcommittee. I appreciate the opportunity to testify today. I have a written statement, as well, that I would appreciate going in the record.

Other witnesses this morning obviously have a far greater direct experience in the war on drugs and facility in studying the statistics, so I am going to direct my statement to the ways in which the music industry has maintained a long-standing commitment to fighting drug abuse, and to touch on, with the limited time available, the concrete ways we have sought to positively influence the public on this important subject.

As is so often the case with an industry as high-profile as ours, what is reported in the press are the tragedies and problems of famous people, which in this way color the impression of the whole, using the actions of some. Young people in particular are subject to many influences and images, and we are only one of several high-profile industries to which they are exposed. I will not claim that our efforts are perfect or always successful, but I am proud of them, not just recently but over the years.

Let me state clearly and emphatically that drug use is not condoned by record companies. Quite the opposite. Like other businesses, every major record company has clear policies condemning and discouraging drug use.

Internally, companies provide resources and support to assist any employee who faces the challenge of drug abuse. Help is available 24 hours a day, 7 days a week, and our health insurance programs cover intervention, emergency medical help, dependency specialists and treatment centers.

And although they are not directly our employees, our companies recognize the singular concerns regarding the recording artists, the challenges and pitfalls of life on the road and in many cases instant success at a young age. The Musicians Assistance Program helps to meet the recovery needs of musicians and other music industry professionals suffering from drug and alcohol abuse.

Last Monday, September 9th, we announced a 3-year, $2 million grant to MAP to fund additional outreach, develop training and educational materials for executives, and provide companies with consultation, assessment, intervention, placement, treatment monitoring, followup and aftercare assistance.

Other organizations in the music industry are also doing very significant work. You have seen the written statement of Mike Greene from MusiCares. This initiative has committed significant resources to addressing the substance abuse issue. It expanded their grant assistance program, established a 24-hour hot line and referral service, and they have been convening managers and promoters, agents, publicists and attorneys to raise consciousness on the issue.

In terms of awareness of the public, MusiCares in 1990 enlisted the support of top recording artists for an antidrug effort involving 8,000 billboards throughout the country, in partnership with the

Federal Government's Office of Substance Abuse Prevention. This effort is being revitalized next year.

Other examples of recording artists and the music industry banding together to make a positive message are abundant. Since 1985, 600 different music video spots have aired in something called the Stop the Madness video campaign. These hard-hitting PSA's are also the theme of ongoing CBS prime time series spots.

Recording artists have actively participated in D.A.R.E., the Drug Abuse Resistance Education program which steers young people away from drugs. They have visited schools and donated items to reward children for completing the program.

Artists such as Janet Jackson, Chuck D., Ted Nugent, Steven Tyler and Little Richard have all publicly criticized drug use. Groups such as Fugazi, the Cranberries, the Indigo Girls, Natalie Merchant, Neil Young, the Eagles, De La Soul, TLC, Metallica, Public Enemy, just to mention a few, all have songs on the charts today which discourage and negatively depict drug use. L.L. Cool J, Chuck D., Ice Cube, KRS 1, Gloria Estefan, David Crosby, Queen Latifa, Richard Marks, Aerosmith, are just a few of the artists who regularly participate in antidrug activities.

Mr. Chairman, I have so many examples of this. I would be happy to share more with the committee at any time.

Artists participate in these activities and donate their time not because it is their job—their job is creating music—but because of personal conscience. Certainly many have questioned whether some music or a few musicians have glamorized drug use. Yes, negative imagery can be found in music; in some music. Yet for every example of this kind, I can point to many others that discourage drug use in their lyrics and, more importantly, in their action.

Part of the reason for the sometimes mixed messages can be summed up by what the philosopher Plutarch said: That medicine to produce health has to examine disease; and music, to create harmony, must investigate discord. There is an element of this in the creation of music and in the mirror which recording artists must and do hold to society. Not everything they see and therefore not everything we hear in their music is pretty, but ultimately songs are depictions. They are descriptions and not prescriptions for living, and we have to look far deeper than the mere depiction of the problem to find the true root of it.

Of course, the reality is that our industry is not perfect and our best efforts may not yield the results we desire now or in the future. The fact remains this is an issue that is a multifaceted challenge, but in many respects ultimately rests with individuals' personal behavior and their strengths and weaknesses.

Certainly as an industry we are going through a self-evaluation lately regarding attitudes toward drugs. Most importantly, we must do this as a society. We welcome the opportunity to do our part, to work cooperatively together with all of you in any way we can, because this issue threatens every industry and every community. I am hopeful that with clear-sightedness, dedication and above all hope, this Nation will come together to counter the trends that are being discussed here today. Thank you.

Mr. ZELIFF. Thank you very much.

[The prepared statement of Ms. Rosen follows:]

HILARY B. ROSEN
PRESIDENT AND CHIEF OPERATING OFFICER
RECORDING INDUSTRY ASSOCIATION OF AMERICA

Mr. Chairman, I appreciate the opportunity to testify today on a matter that challenges our country and will only be countered by the very real commitment of those in both the public and the private sectors -- namely, the re-emergence of heroin use and addiction in our nation.

As you may know, the Recording Industry Association of America (RIAA) is a trade association whose member companies create, manufacture and/or distribute over 90 percent of all legitimate sound recordings produced and sold in the United States. In 1995, U.S. record companies generated just over $12.3 billion in domestic shipments.

As other witnesses this morning have far greater direct experience in the war on drugs and greater facility in citing the statistics behind the human struggle, I will direct my statement to the ways in which the music industry has maintained a long-standing commitment to fighting drug abuse. In addition, I would like to share with the Subcommittee the renewed and enhanced commitment of our industry in light of this re-emergence.

Obviously, no one industry can provide the solutions. However, we have seen that when public and community entities, businesses, and the general public join together to confront an issue directly and boldly -- such as in the case of drunk driving -- we can achieve great results. Our industry stands ready to be an important component of this campaign.

Recording Industry Commitment: Internal Programs

As is so often the case with an industry as high profile as ours and a medium as powerful as music, what is reported in the press are the tragedies and transgressions of famous individuals which, in this way, color the impression of the whole using the actions of some.

This is meant in no way to lessen the loss to our industry and to our country of musicians and recording artists who succumbed to the evils of heroin use -- be it the recent deaths of Jonathan Melvoin of Smashing Pumpkins, Shannon Hoon of Blind Melon, and Kurt Cobain of

Nirvana or of an earlier generation's musical geniuses -- Janis Joplin, Jimi Hendrix or Charlie Parker.

But, I want to take this opportunity today to talk about the more complete and complex picture -- the commitment our industry has shown to battle the scourge of drugs, often in heroic ways, and the programs that can be a model for other businesses. This is not to imply that our efforts are perfect or always successful. But, the fact remains that artists as well as executives at record labels have implemented and supported exceptional programs to give those in the entire music industry the help they need.

Let me state from the outset, clearly and emphatically, that drug use is not condoned by record companies. Quite the opposite. Like other businesses, every single major record company has clear policies condemning and discouraging drug use. More importantly, every major company provides the resources and support to assist any artist and/or employee who faces the challenge of substance abuse.

Internally, our member companies have looked realistically and discerningly at the pressures and unique demands of a highly competitive and high-pressured business and have established support systems and avenues to help that could be a model for other businesses .

For instance, through the Employee Assistance Program (EAP), the leading record companies and their associated record labels make available to all of their employees and dependents a confidential counseling service that helps employees and their family members manage problems such as drug or alcohol abuse. EAP provides a network of psychologists, clinical social workers, substance abuse counselors and medical professionals to provide intervention and treatment. Through a toll-free number, confidential assistance is available 24

hours a day, 7 days a week.

Another area in which our member companies are unusually progressive and face the drug abuse problem head-on is through health insurance programs for employees which, in virtually all cases, cover intervention, emergency medical help, dependency specialists and treatment centers. Companies and their labels make available additional resources for support and assistance, such as the following:

- **Work/family programs** designed to help employees balance their personal and professional responsibilities by making confidential counseling available on an as-needed basis through a toll-free number;
- **Family resource referral service** providing referrals, consultations, information and educational materials both for child care, special needs and elderly care. These services are provided at no cost to employees;
- **Alcoholics Anonymous** meetings on company premises;
- **Stress management seminars.**

In addition to these programs for employees, our companies recognize the singular concerns regarding recording artists -- the challenges and pitfalls of life on the road and, in many cases, instant success at a young age.

Confidentiality is a crucial component of dealing with drug problems with any individual and within any professional field. While reticence by record labels to come forward on such a private and confidential matter has been misconstrued by some as industry denial, let me state that this is clearly not so. The importance of confidentiality is heightened in our industry, given the press scrutiny we have all observed, and there is virtually universal agreement that any successful therapeutic treatment must have the element of anonymity. Simply stated,

confidentiality is something to which our industry must be particularly aware.

Our industry has supported and designed programs specifically targeted to musicians, recording artists, managers and others within the performance sphere. In fact, last week we announced that our member companies are committed to continuing to make funds available for rehabilitation for artists. This program, the Musicians' Assistance Program, is described below.

Industry-Wide Contributions to Countering Heroin/Drug Abuse

Mr. Chairman, let me state for the record that there is no other industry in terms of their time, commitment, talent and resources that is more generous in the pursuit of giving back to the community, of contributing to humanitarian causes, of targeting and making a difference in the problems of youth, than the recording industry. This is simply an aspect of the story that is too easily overlooked or ignored. While our industry is not a shy one by nature, these efforts are not always trumpeted. The fact is that our artists, our executives, our musicians and leaders have been on the front lines of efforts discouraging drug use among youth and adults for years, in programs that are singularly innovative and effective. Allow me to give you just a few examples.

- **Musicians' Assistance Program (MAP)** has received generous funding from the recording industry since its inception in 1991. MAP is specifically designed to address the recovery needs of musicians and other music industry professionals suffering from drug and alcohol abuse. MAP's innovative peer network of recovering musicians, arrangers, executives and engineers has contributed to an unparalled success rate that is far above the national average. Its provider network covers the treatment spectrum from intervention to detoxification, from residential treatment to halfway houses to 12-step

meetings. Through funding from the recording industry and other sources, MAP absorbs the cost for the music professional without appropriate medical insurance or private funds. MAP was founded by jazz musician and former addict Buddy Arnold and has, from its earliest beginnings, garnered the support and commitment of record company and label executives -- both financially and through leadership on its Board.

- MusiCares, an initiative of the National Academy of Recording Arts and Sciences Foundation, focuses on human service issues that directly affect the health and welfare of the recording community. To date, the six major music groups have provided approximately $1.5 million toward this mission. MusiCares recently convened people from throughout the music industry to work together as a community to confront the problems of drug use.

Time does not allow for me to cover all of the many additional programs for which the recording industry has contributed substantial sums of time, energy and money to ensure that artists, and often the community at large, have additional resources in cases of emergency, but let me name a few: The Center on Addiction and Substance Abuse (C.A.S.A.) at Columbia University; Crisis Intervention Program; Women's Action Alliance; SafeSpace (for vulnerable teens in New York, including substance abuse prevention); Mothers Against Drunk Driving; Asian American Drug Abuse Program; Rhythm & Blues Foundation; Permanent Charities of the Entertainment Industries; and Local 802 Musicians Emergency Relief Fund.

In addition, in October 1995 the RIAA was one of the many co-sponsors of the Entertainment Industries Council's (EIC) symposium, "Drugs, Violence and Youth: Tragedies and Truth, " which brought together representatives from the entertainment industry, creative

community and select leaders from the children and youth development, violence, alcohol, and drug areas to foster constructive dialogues.

Expanded Commitment to Fighting Drug Resurgence

Mr. Chairman, the programs I have mentioned are merely a sampling of the ways in which our industry presently and throughout the years has taken its responsibility seriously to combat substance abuse.

However, given the alarming, recent statistics regarding increased heroin use, and examples of its use within our industry, the RIAA and its member companies have redoubled our efforts to combat this re-emergence at all levels of the industry. Last Monday, September 9th, we announced a three-year, $2 million grant to fund additional outreach through the Musicians' Assistance Program (MAP) which I earlier described. This expanded commitment will enhance longstanding internal efforts but represents our recognition of the need to do more.

Through this new grant, MAP will develop training and educational materials for industry executives and others regarding drug and alcohol addiction. Besides making the music community aware that confidential, discreet and non-threatening help is available, MAP will provide companies with consultation, assessment, intervention, placement, treatment monitoring, follow-up and aftercare.

Included in this new initiative is on-site education on chemical dependency as well as guidelines for management and others regarding confrontation procedures, intervention and other ways to help colleagues. Educational materials will also be provided, such as mail-outs, brochures, posters and a specifically-designed training video.

Mostly, we will renew our efforts to ensure that everyone within the industry is aware that confidential, discreet and non-threatening help is available.

Recording Artists

While the programs I've described above are given the unqualified support of the record companies and labels, I want to take a moment to describe the way that recording artists are specifically involved and committed to stemming the use of drugs. A great many artists have been singularly generous with their time, money, and personal commitment and have been singularly effective in battling drugs and in helping young people to avoid drugs.

Certainly, many have questioned whether certain music or musicians have glamorized drug use. While I do not condone or support some negative imagery or behavior that can be found in our industry or am blind to the challenges that face our industry in this regard, I can also say that, for these negative examples, I can point to many others that discourage drug use in their lyrics or, more importantly, in their actions. The fact is that while there are artists whose lyrics or actions are less than exemplary, there are far more who dedicate themselves to giving something back to the community, to the next generation, and to American society as a whole.

Artists such as Janet Jackson, Chuck D., Ted Nugent, Steven Tyler and Little Richard are unwavering in their criticism of drug use. Groups such as Fugazi, The Cranberries, the Indigo Girls, Natalie Merchant, Neil Young, the Eagles, De La Soul, TLC, Metallica, and Public Enemy, to mention just a few, all have songs which discourage or negatively depict drug use.

Moreover, recording artists have given of their time, money and celebrity to fight the war on drugs through programs such as the following:

- **Drug Abuse Resistance Education (D.A.R.E.)**, for which recording artists actively participate in programs to steer young people away from drugs, visiting schools and donating items to reward children for completing the program;

- **Stop the Madness Music Video and PSA Campaign,** an award-winning drug awareness music videos, released on MCA records, that served as a trilogy of hard-hitting PSA's and also as the theme for an ongoing series of CBS primetime spots;
- **Stop the Violence, Face the Music** strives to counter negative attitudes and, through education and information, targets teenagers with an anti-drug, anti-violence, anti-crime campaign. Professional musicians have donated their time to produce music compact discs and videos for youth, youth counselors and the community to bring forth positive attitudes and messages of an anti-drug, anti-violence nature.
- **Celebrity Drug Prevention Campaign** created over a dozen radio messages for various listening formats, funded by the Center for Substance Abuse Prevention;
- **Benefit Performances**: The instances of many individual recording artists who have donated their performances to benefit anti-drug organizations are simply too numerous for me to attempt to list. Suffice to say, it is a common and nationwide occurrence.

I hope that these examples -- and they are only examples -- lend some balance to the ways in which recording artists and the music community are committed to fighting drug abuse. Beyond this, the examples of recording artists dedication to effecting positive change in this country are many. In moments of national and, for that matter, international emergency or tragedy, it is recording artists who step forward to make a difference, from LiveAid to FarmAid, from Red Hot Album proceeds to Life Beat's efforts against AIDS, from human rights to rape crisis hotlines, recording artists are on the front lines of community service and social consciousness.

However, I must make one additional point vis-a-vis recording artists and musical expression. I am proud of the way recording artists work to combat drugs. But, simply put, that

is not their job. Artists participate in these activities and donate their time and money because of personal conscience. The fact remains that they are musicians, and that is their primary responsibility. And it is a challenging one.

Plutarch stated: "Medicine, to produce health, has to examine disease; and music, to create harmony, must investigate discord." Mr. Chairman, there is an element of this in the creation of music and in the mirror which recording artists must and do hold to society. Not everything they see, not everything we see in their music, is pretty. But, ultimately, songs are depictions. And, we must look far deeper than the mere depiction of the problem to find the true roots of the problem.

It is too easy and, frankly, too irresponsible, to assign quick blame to heroin abuse that the National Institute on Drug Abuse has estimated to claim 1 million addicts and another 3 million users. It is a challenge that, most importantly, involves parents and communities.

Conclusion

The recording industry and its record companies, label personnel and artists, have sought to tackle the problem of drug abuse with internal programs, personal and industry-wide initiatives and a renewed resolve to turn back heroin's re-emergence.

The reality is that our industry is not perfect, and our best efforts may not yield the results we desire now or in the future. The fact remains this is an issue and a challenge that is multi-faceted but that, in many respects, ultimately rests with individuals -- with personal behavior, strengths and weaknesses.

Certainly, as an industry, we must go through self-evaluation regarding attitudes toward drug use and welcome both suggestions and constructive criticism in how we can provide the

support that individuals need. Most importantly, we must do this as a society, as this issue threatens every industry and every community.

With clear-sightedness, dedication and, above all, hope, we can join together as a nation to counter the trends being discussed here today.

Mr. ZELIFF. One question I would ask of you is, you know, my son is in the Marine Corps and they have a zero tolerance policy on drugs. I feel that drug testing works. I believe that Members of Congress—we had a drug test yesterday, I was one of a small group that performed that, got a clip of hair off the back, which is not a big deal.

Ms. ROSEN. Did it come back negative?

Mr. ZELIFF. I can guarantee you. I have not seen the results, but you can bet on it.

The key is, what are you as an industry doing not to condone drug use, not to glamorize it, but do you see yourself taking a role to have a zero tolerance policy? How do you police your own industry before Government or someone else does it for you? How do you take a leadership role of those people you have mentioned? And there are many. How do you really pull all that together in a positive force?

Ms. ROSEN. There are two ways. The first is, zero tolerance is not really a word that I am very familiar with on the business side, but the effort is clearly focused on encouraging people to get help, and when people do seek help they are not punished or fired. Their treatment is paid for, they are sent to counseling and they are sent to rehab. The focus clearly within the music community is to do that. If we want to encourage people to speak out about drugs and to admit they have a problem, we have to do something once they make that admission.

The second piece is that our record companies do not knowingly send artists on tour or make music videos or support recording in the studio for musicians that are on drugs. We have many statements from many companies to that effect.

Mr. ZELIFF. Ms. Marston, I want to make sure I heard you correctly in one comment you made, and I may not have. You said something about if heroin was available at the time you were growing up you would have participated. Did I hear that right?

Ms. MARSTON. Yes. There is powder heroin which looks so glamorous, cool, and fun, and the imagery of it, I think I probably would have tried it.

Mr. ZELIFF. I guess that then, Benjamin, if I can, as you are 17 years old, obviously heroin starts in eighth grade or earlier. Describe the peer pressure that you have on you, and would you have succumbed to that, or how would you have prevented——

Mr. APRIL. I do not think I would ever try heroin, powder form or not.

Mr. ZELIFF. Why?

Mr. APRIL. Just the education I have gotten, how I have learned about how dangerous it is, how you can throw your whole life away.

Mr. ZELIFF. Describe that education.

Mr. APRIL. The education of my parents. I think that is very important, how the parents—not only I learned about it in school, but how my parents have pressured me and talked to me not to say do not do drugs, but how I know that. They trust me in my decisions.

Mr. ZELIFF. Do you talk with your parents a lot? Do you talk about things like drugs with your parents a lot?

Mr. APRIL. It comes up. There is an issue at my school, there is an issue at every school. I know myself that I do not want to have a drug life. I want to be able to look into my future and say it is going to be good, and I do not think that heroin is going to help it out at all.

Mr. ZELIFF. So your success is more built on hope, not dope, other things that you can achieve, like interest in government and other things that you are doing with your life, sports and music?

Mr. APRIL. I have more important things to worry about right now.

Mr. ZELIFF. How do we share that with other kids your age and earlier? You go back to your parents, and we need to keep that in mind, because that is the most critical.

Mr. APRIL. I think educating the parents along with the kids, because the parents can speak directly to the children and I think the kids will listen more to their parents.

Mr. ZELIFF. So even though we are in a society where parents have used drugs, they certainly have learned from the bad experience of drugs, say look, talking to their kids, talk about the risk and the perils of drugs, talk about what happened to them, what happened to their friends. Just because it has been used, they do not necessarily have to be shut out because of that. They really need to get involved, do they not?

Mr. APRIL. Right. I think that parents can be more of an impact on their kids than really anybody else.

Mr. ZELIFF. So your message is somehow parents have to take that role. What happens if there are no parents?

Mr. APRIL. Then that role should be taken by somebody else. Then somebody else should step in if they see kids——

Mr. ZELIFF. The school, the community?

Mr. APRIL. Exactly.

Mr. ZELIFF. The President of the United States, the Senate, the House?

Mr. APRIL. Yes.

Mr. ZELIFF. Business leaders; are your business leaders active as a community?

Mr. APRIL. Yes. They are in there with the kids, whatever it is.

Mr. ZELIFF. Your town is Hamilton?

Mr. APRIL. Yes.

Mr. ZELIFF. What time do you get home from school?

Mr. APRIL. Right now I am on the soccer team and we have practice after school, so I get home 6, 6:30.

Mr. ZELIFF. So you have a full life going.

Mr. APRIL. Yes.

Mr. ZELIFF. But those that are not on the soccer team probably get home around 2:30, 3 o'clock?

Mr. APRIL. Right.

Mr. ZELIFF. Most police chiefs in most communities would say that is where the danger signs are, 2:30, 3 o'clock is when most kids get in trouble.

Mr. APRIL. Yes.

Mr. ZELIFF. What do you think about organized activities within the community for keeping young people busy?

Mr. APRIL. I think that is the best way, I think, providing other alternatives to prevent kids from even starting it in the first place.

Mr. ZELIFF. Then parents, community leaders, all of us, everybody.

Mr. APRIL. If everybody can get involved.

Mr. ZELIFF. Do you see any issue more important than this issue?

Mr. APRIL. No; not right now.

Mr. ZELIFF. I would like to thank you. Your testimony has been great, and we very much appreciate your being here.

Doctor, I know Baltimore has got, is a tough challenge, one of five cities, top priority. I know Mr. Cummings from Maryland and Mr. Ehrlich both are leaders in their communities, relative to our discussion I had with Benjamin. You are in the emergency room and you see the effects. Anything you could add to where we need to go from here?

Dr. KELEN. I think we just need a very broad global campaign to get the message out at multiple levels. I think your question, what if there are no parents or a different family structure, is very, very pertinent. We are dealing with this issue in a multiplicity of different environments and populations, and the way we want to frame that message is different.

In terms of is there anything more important, I would say if we do not address the problems of the inner city more globally, kids other than Ben here, if we do not address that aspect I do not think there is much hope, because if it is not heroin it will be something else.

Mr. ZELIFF. I think you are right. We looked at New Hampshire, and are trying to look at pockets of opportunity. If you look at unemployment, it leads to lack of education, it leads to domestic violence, it leads to alcohol and drug abuse, it adds to a lot of programs. If you take those pockets of opportunity and put efforts into an enterprise zone dealing with the group issues, and all of a sudden—John Kennedy said a rising tide lifts all boats—pull that back. I think we need to be paying attention to that as well.

The thing that I would like to see is more of us as role models, more Benjamins, more of us individually, more of the music industry, more of Hollywood, more of politicians, more athletes. And if we could come out with a common message, whatever the message is, "Don't," or "Just Say No," and start talking about it and bringing communities together, I think we have to address the fact that we can do a lot of this but we have to deal at the home level, we have to deal at the community level, and everything goes to local. We have to be able, all of us, to provide leadership, but in the end it has to be the Benjamins that say yes or no.

I think I ran longer than I should. Mrs. Thurman.

Mrs. THURMAN. Thank you, Mr. Chairman.

Doctor, you mentioned in your opening remarks that about 25 percent of those coming into the emergency room are looking for detox. Is that—is it working? Once they receive treatment, are they showing back up, or does it seem to be working?

Dr. KELEN. It works for some, and some are in this pile of papers that I brought. I can get you the exact data. It is not 100 percent

successful. It is probably less than 50 percent successful, but it does work for some.

Let me point out, we keep thinking in the inner city that everybody is dysfunctional and downtrodden who take these drugs. At least those who come to our department, about 20 percent have families, hold down daily jobs, and many of those, if you get them into the right treatment centers, if their workplaces could understand what their predicament is, if they could even admit to their workplaces that they need this help, those people probably have the greatest likelihood of success. Proper detox probably does work. There is some recidivism also, but a sizable enough chunk, if I remember the data properly, do go on and lead drug-clean lives after that.

Mrs. THURMAN. Benjamin, in your remarks you talked about there seemed to be an uprising or more students in your school that are participating in drug use. You said it may not be heroin as much. We have listened about the inner city. You come from a much smaller area.

Then you talked about your parents and what you are involved in, and certainly a long list of accomplishments that you have had. Is there a stereotype of a student, I mean that you have talked about, that is heading into this, or is it coming across from all different groups within the classes? Can you help us with that to explain maybe who these children are? Is there somebody that we can help target?

Mr. APRIL. It is really hard to say, just coming from a small town. There is a number of kids. I know just about all the kids in my school personally, just because there are so few of them. There is really no stereotype person that will lead into this. There are kids that go out on the weekend and party and there are hard core drug users, but they do not seem to be as hard core as say inner city, just because it is a small town. I do not know so much about the drug dealing that goes on, but just as far as I know.

Mrs. THURMAN. What do you think is different in your life? You mentioned your parents. Do you think there are other things in your life that have made you choose a different route?

Mr. APRIL. I am sure there is, yes. Along with my parents, just——

Mrs. THURMAN. But opposed to the other students that you have recognized with usage. Is it hard to identify it?

Mr. APRIL. Yes. It is really hard to say.

Mrs. THURMAN. Because it could be a child that is playing soccer with you or another student that may be involved in a band, so there may not really be——

Mr. APRIL. Right.

Mrs. THURMAN. Are there programs in your school today that are going through drug abuse?

Mr. APRIL. Yes, there is SADD, Students Against Drunk Driving; there is D.A.R.E. Those are the two big programs we have in our school right now which would seem to be effective. I am involved with SADD this year.

Mrs. THURMAN. Have there been any deaths in your school?

Mr. APRIL. There has been a drunk driving death. One of the students was killed by a drunk driver. That was a big issue. It is a

small town. We do not have a lot of it, but that seemed to be a big deal.

Mrs. THURMAN. It is a big impact when that happens.

Mr. APRIL. Yes.

Mrs. THURMAN. Miss Marston, when we talk about a drug-free partnership, who is that partnership with? How do we expand that to help get even more included? I remember in the 1980's lots of groups were involved. You had most of your Lions Clubs and Elks Clubs and Kiwanis and Rotaries, and it seemed that everybody was out there, and you still see some but not as much.

I happen to have attended a VFW post a couple of weeks ago where they had brought in some troubled girls and they tried to do a drug awareness; and my husband, who is a judge, went in and talked about it. I talked about it. I have to tell you, kids did not show up. You might have had three or four. They were young and impressionable, that was great. But how do you see us as a role to help in a drug partnership?

And I may ask Ms. Rosen the same thing. I think you are right. I think we cannot make this political. I think it is a pull together and get our hands around this and see what we can do as a community. Maybe you could give us some ideas of what we might do.

Ms. MARSTON. The Partnership organization is made up of thousands of volunteers and a tiny staff in New York that tries to coordinate the work. It is mostly ad agency people, the media. They all do what they can do professionally to donate time and space to run the ads. The ads are made for free. We get free film. Everybody who can work in the commercials does so for free, the editors and producers. So it is sort of a volunteer coalition.

We are strictly private sector. Many times people think we are the government. They confuse us with the earlier government campaigns, and we are not. We are private sector because of independence and speed of motion. We try to work with all the other groups that are out there. There are now 5,000 community coalitions on the drug issue. They became strong in the 1980's and then the issue got tired and people got bored with it, old news, and turned our attention away. The media weight for our spots running on air fell. The press stopped covering it as much.

And these community coalitions, at the local level, have been very much alive. It is important to parents and to people in the community. They felt kind of that they have lost their spot on the national agenda in terms of being a hot issue, and I think the good news and the bad news is that is coming back, it is starting to be a hot issue again.

We would encourage you to work with those community coalitions. They are organized by a group called CADCA, Community Anti-Drug Coalitions of America. They have an 800 number and I suggest you contact them, find out who, in your districts, you can help support.

The main thing, I think, is for everybody to be constructive, to stop finger pointing and blaming. Everybody really does know what they can do. If you are in one sphere, in the private sector or in the government, if you look inside yourself you will know what it is that you can do through your work, what you are already involved in that will help prevent kids from getting involved and help

support the efforts to get people well. I do not think it is that hard to figure out. I think it is just a matter of having that intention.

Mrs. THURMAN. Ms. Rosen, you mentioned a lot of people that have been actively involved. I was thinking as I asked a question to Benjamin particularly about what happens when there is a death in the community, in your community, how does that affect—it sounds like there must be more people that come out. That is a obvious reaction, I think, whether you know somebody. It becomes very different and real. Maybe you can tell us some of the things that we can do or——

Ms. ROSEN. Well, certainly the deaths have some effect, and they do not. Kurt Cobain was a very troubled young man, and heroin and his addiction was a part of his life that was very much apart, separate and apart from the music, and I think that there was a very strong sense that there was not much as an industry you can do about an individual as troubled as that. He has a responsibility, and his family has said as much.

I think the more recent example with the keyboarders from Smashing Pumpkins, and Scott Whalen from Stone Temple Pilots stopping himself from going on tour and going into rehab, are probably more real examples of where peer pressure and community support make a difference. Nobody in his family nor in the band knew that Jonathan was particularly troubled, but there was a swift reaction. The band fired the drummer that was doing drugs with Jonathan. They canceled their tour. They took action and ultimately started speaking out about why drugs are a problem.

It is nice to know that Benjamin reads Rolling Stone because Billy Corrigan, the lead singer in Smashing Pumpkins, gave a very moving interview in Rolling Stone last week about how destructive drugs have been in their family of the band. That is exactly the thing that they should be doing and that he has been doing.

Stone Temple Pilots, when their lead singer admitted he had a drug problem and they canceled their tour, they made a conscious decision to announce that publicly. They could have just as easily said there was a death in the family, or my sister is sick, or something; but instead they did publicly say that the singer has a drug problem and he is going into rehab, and we are not going to tour until he is well.

I think the most you can do is try and act with honor when you are confronted with a situation. As far as the broader community, different things are going to have an impact on people. I remain struck from the first sentence the chairman said, that 11 percent of parents talk to their children about drugs, and that somehow this notion that everybody else is drowning out the parents does not really wash if they are not even really attempting it. So there has to be some motivation within the family to get people to discuss it.

Frankly, music has some problems, but Denzel Washington made an interesting quote the other day. He said that in his family music ends up being the impetus to have a tough discussion with his kids about drugs. He asks them, is the rage that is in this song something that you feel? Do you experience the pain in your school, is it this hard? Let's talk about it. So I think that there are risks and there are benefits associated with putting yourself out there.

Mr. ZELIFF. I will have to interrupt. Unfortunately, we have a vote on. We will take a 10-minute recess. There are additional questions on both sides of the aisle here, so in 10 minutes we will be back and we will finish up this panel. Thank you very much.

The subcommittee will now reconvene. Mr. Souder I believe has questions of the panel. The gentleman from Indiana, a great hero on the war on drugs, I might add.

Mr. SOUDER. I have two other hearings. I have been bouncing back and forth, one where we are looking for prevention programs for youth and juveniles over in the education committee. That is why I missed some of your testimony. But I read all of your testimony.

I want to say to Benjamin, when you are described as a low key style vice president of your class, I am a low key style vice president of my freshman class here in Congress, too. Some people wouldn't agree with the low key but—my son also plays the guitar and formed a band and going through as a parent trying to adjust to the fact that Metallica doesn't sound like the Beach Boys.

I also want to commend the Partnership for Drug Free America, with your great ads and your continued efforts in that, and want to focus in a little bit on actually some of the comments you made, and I read Ms. Rosen's testimony and I have a couple of particular questions because it is hard to tell—I mean, people like David Lee Roth, quote on the drug bust on your résumé, sometimes can be very flip but sometimes they can be somewhat indicative.

And I thought in your testimony, Ms. Rosen, that you did a good job of outlining how the drug—what the industry is doing in response to drug abuse and trying to treat them and that individual artists have stepped out and done certain things, and we need to make sure we commend those who have done good things and in no way say everybody is bad because some are bad, and I think we want to put that in this context.

I have of a couple of very specific questions. One is that would your association consider banning any bands that continue to have a musician with pro-drug lyrics? In other words, a standard of your association would be that they get kicked out if they have pro-drug lyric artists?

Ms. ROSEN. Well, first the association represents the record companies, and it is the record companies that have the individual contractual relationships with the artists.

Mr. SOUDER. So if the record company has an artist that has pro-drug lyrics, your standard as an industry could be you can't be part of our association if you have artists that have pro-drug lyrics.

Ms. ROSEN. You know, Congressman, it is a tough issue. I think, unfortunately, if we are going to depend on music and art to do ultimately that much more than entertain, we are going to be disappointed every time: I guess the answer is if an artist has a song that is perceived to be pro-drug, there is a body of work that a company would look at to see whether or not their whole actions that accompany that song.

Our companies are not in business to hurt people or hurt society, and I don't think they believe that they do. It is tough to say to an artist you can't sing about drugs.

Mr. SOUDER. That is a big concern. What your conclusion there—I mean, to say that a company can't say that they can't sing about something that is illegal is a pretty extraordinary statement.

What about—I understand, and I am going to ask you a question, a further statement about mirroring society, and nobody here is saying the recording industry is responsible for most of the problems even, but you are responsible for part. And we are trying to focus on juvenile programs and addiction and treatment and everything else, but part of the problem is glorification.

And we have to find a way, and ideally it would be done through the private associations and not just voluntarily because if they thought they were going to get kicked out of the association and get a stigma—and we could ask these questions of individual companies too.

If they thought they were going to get a stigma, they might try some drug testing or send a different signal and people like David Lee Roth wouldn't even be joking about whether it should be on your résumé, because if it's on your résumé you might not have a job. What about if an artist gets convicted of drug abuse and that label doesn't drop that artist? That they can't be a member of your association?

Ms. ROSEN. Well, we don't have association policies on things that are about a business and contractual relationship. I think there are companies that make those decisions regularly with artists for a variety of reasons. Certainly companies are not in business to promote illegal activity. They don't promote it.

Mr. SOUDER. But they are willing to make money on it if that is part of it.

Ms. ROSEN. I don't believe that record companies think that they are promoting drugs through their artists.

Mr. SOUDER. That was a generic statement. I don't believe that they think the bulk of their artists are promoting drug use either, and they aren't. The question is do they have some artists where they are making quite a bit of money and they are unwilling to pass up a few dollars to help save the lives of young people and to send a different image to America that we are going to cleanup our recording industry?

Ms. ROSEN. No, I don't think that they believe that there is that clear-cut a definition between what is a glorification of drugs and what is merely talking and singing about drugs.

Mr. SOUDER. The statement I was going to comment on in the record where the record companies—you can't expect music not to mirror the society and what we see isn't always pretty. There is a classic thing in art, are the supporting images. Often you may set up an evil character in order to have the good triumph and you may show the society, but try to repudiate the evil in society, and that's been done in art historically.

Part of the problem we have today is that the evil people are often funnier. They are joking about it, the bands have names that are inappropriate names that fuel a sub drug culture. All you have to do is go to a rock concert or watch MTV for a while, and you can see it is helping glorify a problem.

It is not something that can be ignored. Just to make an extraordinary, extreme statement, your statement is illogical on its face

because, for example, in Nazi Germany you wouldn't expect, or justify the music saying, oh, it is just a mirror that we are glorifying the evils of this administration in Germany.

We don't think the music industry should glorify illegal behaviors, and we would like the music industry, in addition to helping treat it and encourage good behavior, to help crack down on the companies that are funding, and the companies should crack down on the artists, if necessary to have drug testing, because our children are at risk, because other people want to make money on them and not take the steps necessary and argue it is freedom of speech.

It is not. It is illegal behavior and it is encouraged, and I am disappointed that you won't go farther. I understand that you are under tremendous pressure. As an association you'd lose dues. A company loses money. But they need to stand up clearly that it is wrong and not just say we are reflecting society. All of society has to battle this, because it is eating us alive and there are kids shooting each other, and I think you need to take stronger stands.

If you want to make a final comment, I know my time is up.

Ms. ROSEN. The vast majority of artists do take strong stands against the small minority of artists that have been known to do drugs. I mentioned a series of songs. There have been many more songs than others that are anti-drugs, that are significantly popular, in some cases more popular than pro-drug songs.

You heard Benjamin say that MTV is the single best source of information that he has about anti-drug education. Most people would say, and in fact surveys have been done, that MTV is the biggest source of news for young people between the ages of 16 and 25. And I actually defy you to find me a video on MTV that glorifies drugs, Congressman.

The reality is that the story is less of a reality than the facts. And you know you could take the video that Ms. Marston just showed. Those were some great ads, but the jingle about heroin is a made up jingle in a studio. They didn't find a song that says how great heroin was and let's do that.

There is a stigma and media attraction associated with it that frankly has a lot less to do with what artists and record companies are doing than what other people's interests are in characterizing it.

Mr. ZELIFF. Thank you very much. Mr. Cummings from Maryland.

Mr. CUMMINGS. You know, I still get back to my question, and this is not political. This is about saving people's lives, and, Dr. Keien, I thank you for your testimony. It is real. We have young people in my neighborhood who are planning their funerals. Planning their funerals. So I don't politicize this. I try to deal with it so we can get to the bottom of it.

Ms. Rosen, I am not here to beat you up. I am here to just ask you a few questions, and No. 1, you, Ms. Marston, both of you all are right. There are people who are in the music industry—Ms. Rosen, who have helped. L.L. Cool J has been in my district many times and has talked to young people and he has a tremendous effect, but there is a force that is going against the L.L. Cool J's of the world.

I guess what I am wondering is, and I am going to go to you, Ms. Marston, I didn't see any African American people in those seven or eight pieces there. And I was just curious as to why. I am sure you have other pieces, right?

Ms. MARSTON. Yes, we have 500 television commercials at this point, and a number of them address African American audiences specifically. Our whole program is a marketing-based model, so it targets very specific attitudes and audiences, in different pieces and initiatives.

This in particular was a very deliberate decision not to put African American talent in there because there has been a stereotype of the whole drug problem "being black" only and "inner-city poverty" only.

Mr. CUMMINGS. It is about 70 percent white.

Ms. MARSTON. Right. It is a false stereotype. We still know it is out there, and we don't want to reinforce that and perpetuate that and the new heroin problem in the early nineties, where the trend is going up so quickly and its fashion-influenced. We know that the demographics of that are not particularly below-poverty, inner-city, African American. We don't want to reinforce the stereotype that we know is false from the data.

So that was the thinking.

Mr. CUMMINGS. In between time I had a conversation with three or four different young people in the room. A little earlier, and you know I am not going to name them or anything, but these are basically college students, white college students, who basically said to me you guys are out to lunch—not talking about you but talking about us up here—is basically what they said.

One young person in college, a very, very reputable college in the Northeast of our country, and basically what he told me was that, look, a lot of people are using heroin in his college. They only have a few handful of black people on the whole campus, and sons and daughters of millionaires.

I guess when I listen to you, Mr. April, and I really do appreciate your testimony and I applaud you and I want you to stay on the track that you are on.

But I want to paint a little picture for you and ask you if you did not have the mother and father you had, if every day when you came home you had a mother and she worked all day, you spent 3 or 4 hours after you got out of school after you got home by yourself. You live in the inner city of Baltimore. You had a lot of friends who were using drugs, and it became the right thing to do, quote-unquote. And you had a sense of hopelessness. If you saw people dying around you, seven or eight of your friends in the last year dying around you, shot down, do you think you would be any different?

Mr. APRIL. Yes, I am sure I would living in the inner city with my parents not being around as much to——

Mr. CUMMINGS. Say you only had one parent and she was never there, just working hard.

Mr. APRIL. Yes, it would be a lot different. She wouldn't be there to guide me in the right way. Yes.

Mr. CUMMINGS. I go back to a question, I am not trying to put you on the spot. I applaud what you are doing, but I want to bring

this hearing to some kind of a reality check. We can sit here and talk and talk and talk, and we cannot—and I have said it many times—I think it is very difficult to legislate morality. I really do.

And so, Doctor, going back to you, you talked about detox. And I have often believed that you have to treat this demand side of it. I was just wondering, do you think we are doing enough on the demand side as a country. Remember my question. What we are about here is trying to figure out what we can do to help this problem. And that is why you all are here. And I want to know—I mean you are on the front line every day and you talked about detox. Is there anything else we can do?

I don't want to waste my time here in this Congress. I don't want to go back to my constituents and say I sat around and blamed people, the music industry and all of that. I want to know what can I do because we have a limited amount of time to address our problem. It is a major problem eroding our country from the inside.

Tell us what we can do, all of us what can we do to help with this problem. Other than this we are wasting my time. I would also say that to you, Mr. McCaffrey, when you come up, because I don't want to waste any time. I have people dying every day.

Dr. KELEN. I have to start by saying I am not an expert on the demand side. However, I will go back to a couple of points. One, Mrs. Thurman asked about the success of detox. Before I became a physician I did research on environmental issues related to drug use. When somebody finishes detox and they go back to the same place that created the problem to begin with, there is an excellent chance they will get back into the same problem.

Somehow we have to address the environment for the different constituencies. For the white college kids at high priced colleges, that is one separate environment from the one from the district that you represent, and as I said, we have to address those inner city issues. Those drug users and their families and friends, they don't have great access to health care.

For Johns Hopkins that is fine. Part of our mission is to take care of the poor of Baltimore, which the community doesn't necessarily see that we do excellently, but that is one of the missions. But getting access to health care after that emergency department visit for much of our community is an absolute mess because nobody wants these patients. Predominantly they know they are not going to get paid, whether it is the hospital or the physicians.

So there is one area that attention can be paid to. I know it somewhat has gotten off of the agenda of politics, but having readily accessible health care to all is one very important step because there is a place there we can intervene earlier.

Mr. ZELIFF. Mr. Mica, do you have any comments or do we close the panel down?

Mr. Mica from Florida.

Mr. MICA. I had a quick question for the Partnership, Ms. Marston. One of the things that concerns me—these are great messages you had here. The last information I had from our staff who are reviewing the situation was that in fact there has been a decrease in PSAs by television. I am not sure of the timeframe, but they are not showing them as much as they have in the past. Is that correct or has there been a change in that?

Ms. MARSTON. That is correct. The whole culture really turned its attention away in a number of ways from the drug issue during the early part of this decade. And one of those ways was that, the media interest in it on the press side and the business side of the media donating time and space to run our message.

Mr. MICA. That concerns me because you have a great message and you do a tremendous job and I want to compliment you. I don't think we should be finger pointing to one industry or activity or profession. I finger point toward the White House and the leadership that we should provide in this Congress and criticize the executive and legislative branch for their inaction.

But you do a good job. You have got a great message. Any kid that sees that, it has to sink in their brain that they are destroying their lives and their bodies and their minds. The airwaves are controlled both with radio and television by the Federal Government and the FCC. The public airwaves and licenses for television and radio are in fact a publicly held commodity and given as a trust to these licensees.

One of the things that concerns me is the television and radio industry has not met their public service obligation. I did introduce legislation that required a certain percentage of their time to be devoted to PSAs, and that has not been heard. But until we utilize some innovative techniques and when we control the airwaves, my question to you is shouldn't there be some more responsibility again for these people holding a public trust to serve that public trust?

Ms. MARSTON. I think it is very clear in the research data, if you study the situation, what works. What works is everybody, all the different sectors in this culture, doing what they can to get a message to kids that this is not cool, the consequences, et cetera, as well as helping kids find alternatives, helping people get into treatment.

In terms of policies and efforts that would push, force, or coerce different parts of this picture, different entities into helping, I don't know. I am not an expert in whether that works or whether that is the best way to get leadership and get people help. It might be a better question for General McCaffrey.

Mr. MICA. I believe again we have a responsibility, because it is a public interest and public trust and we do control the airwaves, that we do a better job for you and get those ads off.

I did want to yield in just a second to Mr. Souder for a couple of minutes, but I have had teenagers—I have a daughter who is now 20 and another teenager at home. I tell my kids to just say no. I tell my kids that it is bad, it will fry their brains, it will ruin their lives, destroy their bodies.

Then we have heard about the demand side and what stops this. When I heard the President of the United States get on MTV and say if he had it to do over again he would have inhaled, what kind of an impact do you think that has, when the Chief Executive Officer of the land sends that message through a medium like MTV that our kids watch when a dad like me is trying to say just say no?

Ms. MARSTON. I just want to say again I think it is a wrong-headed approach to politicize this issue and look for finger pointing and blaming.

Mr. MICA. Politicize, when the President of the United States says that and I am saying that as a father? Excuse me, I disagree with you totally.

Ms. MARSTON. May I just speak, please?

Mr. MICA. You can go ahead then. I yield the balance of my time to the chairman. It isn't politicized.

Ms. MARSTON. Thanks, because the research really shows the baby boomer generation of adults, the public wants a more real solution to the drug problem now. They do not care as much who used when and who is making which refined policy argument in which way. That is for you guys to sort out. They really want solutions, and they really are sick and tired of people finger pointing and blaming. It is time for something constructive.

Mr. MICA. The President of the United States should say just say no.

Mr. ZELIFF. Mr. Souder, you have 30 seconds.

Mr. SOUDER. I want to briefly comment that, first off, on my earlier comments I agree, and I think I said it over and over, that host artists have not actually abused, at least that we know of, and probably more have spoken out than abused much. I was focused on those who aren't.

But I am concerned, Ms. Rosen, and I would like to give the opportunity to take back the word "defy me" to come up with something from MTV because heroin, girl, high on cocaine—I am not familiar with all of these. I am sure Black Crowes—we can find a lot of different groups that are on MTV. I think you are saying there are some, but they are not the majority and you don't really defy me that I can't find any except the President; is that correct?

Ms. ROSEN. Even though I don't control MTV, what I meant was that I know that MTV is very conscious about the video images that they do depict and they have very strong internal sensors on video images. There may be bands that are on MTV that have lyrics on other songs or in a song that is not depicted that way, but their video depictions are very specific.

I think that the issue that you raised about testing is a legitimate public policy issue, and I didn't mean to make light of testing before with the chairman and I am not making light of it now. I am just suggesting that for the companies that I represent the focus that they have chosen to take is to try and find a way to encourage people to get help. And the way that they have chosen to do that is to encourage them to go into rehab.

Mr. SOUDER. I would like additional time to submit into the record then some additional examples because I have concerns that MTV is not——

Mr. ZELIFF. If it is to submit to the record in writing, without objection.

[The information referred to follows:]

BACK TO THE '70s: THE MTV GENERATION INHALES

by

Robert L. Maginnis

Drug abuse among teenagers has risen significantly in recent years. A nationwide survey by the National Institute on Drug Abuse (NIDA) in 1994 found that annual marijuana use among 8th graders rose from 6.2 percent in 1991 to 13 percent in 1994. The trend is also evident among 10th (16.5 percent to 30.4 percent) and 12th (36.7 percent to 38.2 percent) graders. And cocaine, crack, heroin, and LSD use among teenagers is also rising and may soon rival the high rates of the 1970s.[1]

The NIDA found that drug-related emergency room cases increased eight percent from 1992 to 1993.[2] Cocaine-related hospital emergency room visits grew from 101,200 in 1991 to 119,800 in 1992; during the same period, heroin-related emergencies soared from 35,900 to 48,000.[3]

In one study of reckless drivers who were not obviously drunk from alcohol, 59 percent tested positive for cocaine or marijuana[4] and thirty-five percent of all automobile accident victims in another study had detectable levels of marijuana in their blood.[5]

The biggest rise is in marijuana abuse, possibly because it is perceived differently from the "hard" drugs. Although some young people don't even consider marijuana a "drug," Dr. Carlton Turner, former NIDA director and head of the Marijuana Research Project at the University of Mississippi, warns, "There is no other drug used or abused by man that has the staying power and broad cellular actions on the body that cannabis [marijuana] does."[6]

The short-term effects of marijuana include impairment in learning and memory, perception, judgment and complex motor skills. It can cause difficulty in speaking, listening effectively, thinking, retaining knowledge, problem-solving, and forming concepts.[7]

These effects can translate into poor job performance. An article in the *Journal of the American Medical Association* found that marijuana users had "55 percent more industrial accidents, 85 percent more injuries and a 78 percent increase in absenteeism."[8]

Health and Human Services Secretary Donna Shalala states, "Young people must understand that there is clear scientific evidence that marijuana is a dangerous drug that can have acute and hazardous effects."[9] Over 10,500 published scientific papers show that marijuana damages brain cells, the lungs, may adversely affect reproduction in women and fertility in men, endangers the unborn baby and newborns of pot-smoking women, and could damage the heart.[10]

Shalala calls for "strong and comprehensive solutions....Young people must grow up knowing unambiguously that drug use -- including smoking marijuana -- is unwise, unhealthful, illegal and wrong. They must hear this from everyone in their communities -- their parents, their teachers, their employers, their peers, the media -- all of us. We need anti-drug messages that are every bit as pervasive and strong as the pop culture images that tell our youth drugs are o.k."[11]

Dr. Lloyd Johnson, lead researcher for NIDA's 20th annual survey, says the aggressive anti-drug messages of the 1980s have receded into the background. "If the softening of attitudes...continues

messages of the 1980s have receded into the background. "If the softening of attitudes...continues unabated, we can expect to see continued increases in drug use among our children."[12]

Dr. Johnson blames the culture. "The arduously woven fabric of attitudes, beliefs and peer norms which brought about that decline (in the 1980s) is beginning to unravel.... Conversely, we're seeing drug abuse, and specifically marijuana use, talked about positively in rock and rap music, in television programming and in other areas like fashion."[13]

The consequences of unabated illicit drug use go beyond those already outlined. For example, illicit drug use correlates with crime. The Bureau of Justice Statistics found that 32 percent of inmates have used cocaine and half had used drugs in the month before their offense. Seventy-five percent reported having used marijuana in the past.[14]

Drugs numb the conscience and lower inhibitions. They contribute to mood disorders and depression and low self esteem. A high proportion of cocaine users admit the drug makes them feel violent at times.

Consider some recent examples of youth violence that involved drug abuse.

- Five Dodge City, Kansas teenagers, high on marijuana, killed a stranger for no obvious reason.[15]

- Three West Palm Beach, Florida teenagers mixed beer, rum, marijuana and cocaine and then kidnapped and set ablaze a tourist from Brooklyn.[16]

- A New Scandia Township, Minnesota teen shot his mother and stepfather to death. He admitted to almost daily abuse of marijuana.[17]

- Two Miami, Florida teenagers were smoking marijuana when one accidentally shot and killed the other.[18]

Social scientists confirm the relationship between drug use and juvenile deliquency. A 1990 study published in the *Journal of Drug Issues* found the strongest association between the severity of the crime and the type of substance used -- the more intoxicating the substance, the more serious the incident.[19]

A study in *Today's Delinquent* found alcohol and marijuana users commit twice the number of delinquent acts as non-users, and a study in *Adolescence* found that half of all polydrug users had engaged in delinquent acts.[20]

THE CULTURE'S PRO-DRUG INFLUENCE

Evidence of "drug glorification" in the culture is pervasive.[21]

Maureen Ketchum, executive director of the Youth Leadership Institute in San Francisco, states, "Some young people see that to be hip, sexy, cool they have to drink, party and take drugs....Pop culture is a factor and young people emulate what is put out there to emulate. The industry creates the norm and people live up to it."[22]

Phil Salzman, director of the Gloucester [Massachusetts] Prevention Network, which works with teenagers in school, writes, "The power of being accepted and wanting to be normal is a lot stronger than the truth in the antidrug message....If there is a party with beer, pot and 60 kids, the norm is determined by the majority behavior."[23]

"Woodstock '94" shows that the sex-drug-rock counterculture of the 1960s is not dead. It was temporarily stalled in the 1980s when the Reagan administration, activists and citizen groups mobilized against it. But youth drug use has not disappeared. And glamorization of drug use in the industry appears to be on the rise. Consider the evidence.

DRUGS ARE A MAINSTAY IN ROCK AND RAP MUSIC

The National Organization for the Reform of Marijuana Laws (NORML) has counted 45 music groups that have declared their support for legalizing marijuana.[24] Here is a profile of some of the pro-drug groups.

The Black Crowes often unfurl a 48 x 24 foot curtain bearing a marijuana leaf and the words "Free Us" at their shows and sell rolling paper for marijuana cigarettes on the side.[25] They wear trousers covered with images of cannabis leaves. Lead singer Chris Robinson told rock magazine *High Times*, "We did 350 shows, smoked every night and never got busted." He explains, "Pot's got nothing to be taboo about, man. It's part of pop culture."[26]

Cypress Hill, a rap group, cites the history of marijuana on the inside cover of its compact disc, "Black Sunday." That disc includes the songs "Legalize It," "I Wanna Get High," "Stoned Is the Way of the Walk," and "Light Another." Group member Sen Dog states, "We made it popular to be into the blunt," which refers to the trendy practice of smoking a hollowed-out Philly Blunt cigar packed with marijuana. Their 1993 album has sold more than a million copies and included the hit single, "Insane in the Membrane."[27]

Tom Petty's double platinum album "Wildflowers" includes "You Don't Know How It Feels," which has the line, "But let's get to the point, let's roll another joint." Another song on the same album, "It's Good to Be King," includes the line, "It's good to get high and never come down." And Petty's non-album track titled, "Girl on LSD," has the following lyrics, "Through ecstasy, crystal methane glue, I've found no drug compares to you.... I was in love with a girl on LSD."

Green Day's album, "Dookie," which has sold more than five million copies, includes songs like "Basket Case," with the lyrics, "I think I'm cracking up. Am I just paranoid? I'm just stoned." Green Day bassist Mike Dirnt told *Rolling Stone*, "I think drinking and doing drugs are very important.... [He comments on a recent concert.] I was flying on acid so hard, I was laying up against the wall with my bass lying on my lap." Tre Cool, Green Day's drummer, said, "When people bring weed to our shows, that's wonderful. I'm the guinea pig. If somebody throws a bag of weed onstage, Billie will watch to make sure we don't get all [expletive deleted] on it, but I dive right in." Billie Joe Armstrong concludes, "...Tre really likes pot -- but the main thing of choice was speed. People think that we're this big pot-smoking band even though we sound like an amphetamine band, but I dabbled a lot in speed for a long time. That was the drug of choice on the scene I came from." The band, originally named Sweet Children, renamed itself in 1989 "after one of its songs about hanging out and smoking pot." [28]

Nine Inch Nails' album, "The Downward Spiral," includes "My Self Destruct" with the lyrics, "I am the needle in your vein and I control you, I am the high you can't sustain and I control you." "Hurt" has the following lyric, "The needle tears a hole, the old familiar sting, try to kill it all away." "Hurt" explores drugs as a means of escape. Lead singer, Trent Reznor, was voted *Spin* magazine's "Best Artist" for 1995, and Nine Inch Nails was voted the "Best Metal Band" in 1995 by *Rolling Stone* readers.

Time Warner distributes an album by rapper Dr. Dre titled, "The Chronic," a slang term for a potent strain of marijuana. The cover features marijuana leaves. The album peaked at number two on the Billboard charts, stayed in the top 10 for eight months, and has sold more than three million copies.

The Beastie Boys' latest album, "Ill Communications," includes a pro-pot song, "Legalize the weed, and I'll say, 'Thank heavens.'" The Beastie Boys were declared "Best Rappers" by *Spin* and *Rolling Stone* magazines for 1995.

Snoop Doggy Dogg's album "Doggystyle," includes a rap, "Bathtub," which states, "You can smoke a pound of bud [marijuana] every day...That's the American dream" and another, "Gin and Juice," which states, "Rolling down the street smoking indo [Indonesian marijuana], sippin' on gin and juice," and a third, "Tha Shiznit," which states, "I gotta fat bud, sack full of chronic in my back pocket...Need myself a lighter so I can take a smoke. I smoke every day." Snoop Doggy Dogg was arrested on December 21, 1994 in Lake Charles, LA, for possession of marijuana and drug paraphernalia. He was named by *Rolling Stone* as "Best Rap Group" for 1995.

DRUG MUSIC'S IMPACT

The Parent's Music Resource Center reports that teens listen to an estimated 10,500 hours of rock music between the seventh and 12th grades alone -- just 500 hours less than the total time they spend in school over 12 years. Typical estimates are that the standard teen listens to rock music four to six hours each day.[29]

Dr. Joseph Stuessey, professor of music history at the University of Texas, told the U.S. Senate Commerce Committee that, "Music affects behavior. This simple fact has been known intuitively for centuries.... In the 20th century, especially in the last four decades, tons of research has been done on the interrelationship of music and human behavior.... It affects our moods, our attitudes, our emotions, and our behavior. It affects us psychologically and physiologically."[30]

Child and adolescent psychiatrist Dr. Robert Demski identifies music as one of the most powerful influences on youth.[31]

Dr. Sheila Davis, a professor of lyric writing at New York University, states that songs "are more than mere mirrors of society; they are a potent force in the shaping of it....[P]opular songs...provide the primary 'equipment for living' for America's youth."[32]

Child psychologist Dr. David Elkind writes in *The Hurried Child,* "Music can influence young people as much as any visual media."[33]

Pharmacologist Dr. Avram Goldstein of Stanford University writes in *Physiological Psychology* that for 96 percent of the respondents in his study, their biggest thrills came from music.[34]

Dr. Paul King, medical director of the adolescent program at Charter Lakeside Hospital in Memphis, warns that "80 percent of the teenagers he treats have listened to heavy metal rock several hours a day."[35]

MTV'S TREATMENT OF ILLICIT DRUG USE

Dennis Cooper writes in the March 1995 edition of *Spin*, a rock music magazine, that pro-drug visual images are especially provoking. He explains, "Just the mention of the word 'heroin' in a lyric, or a photograph of a hypodermic on a CD cover, or the sight of junkie musicians all wrapped up in some glamorous video, and they [recovering addicts] go crazy with longing for the stuff."[36]

Researchers have found that the marriage between television and music is powerful." The video clarifies the meaning of a song.[37] MTV's meteoric rise in popularity evidences the power. According to the authors of *Dancing in the Dark*, an eleven-month study of the growing, changing, and powerful influence of music and media on youth, music television is "one of the most powerful forms of contemporary propaganda."[38]

MTV founder Robert Pittman explains music television's impact on youth: "We're dealing with a culture of TV babies. They can watch, do their homework, and listen to music all at the same time.... At MTV we don't shoot for the fourteen year olds, we own them."[39]

Author Donna Gaines explains, "With MTV, drug use has just taken on the status of a commodity."[40] Video director Samuel Bayer disagrees. He gives MTV more credit: "I grew up in the '70s, when there were drug references all over the place.... Kids are smart enough to read between the lines. Something like Kurt Cobain dying -- that's what happens when your life is [expletive deleted]. If anything, videos have the opposite effect."[41]

MTV has a drug policy. Carole Robinson, a senior vice president at MTV, says that her network does not "promote, glamorize, or show as socially acceptable the use of illegal drugs or the abuse of legal

drugs."[42] But Cooper points out, "You don't need a degree in deconstruction to see the signs of drugginess all over MTV, whether it's Alice in Chains' elegant little travelogues of junkie life, or Ministry's 'Just One Fix' clip, in which heroin withdrawal is given a snazzy, action-packed movie-trailer look, or even Tori Amos's clip for 'God,' in which a character simulates 'tying off.' If kids are smart enough to know what's fiction and what's not, then they are smart enough to decode these kinds of messages too."[43]

Cooper compares MTV's drug policy to a makeup artist's covering of crow's-feet on an aging actress. "Pot leaves, pills, and hypodermic needles are successfully smudged beyond recognition, but the subtleties remain."[44]

MTV and Black Entertainment Television (BET) digitally blur images of marijuana leaves and names in music videos, such as Dr. Dre's "Nothing but a G Thang" which features men wearing baseball caps emblazoned with marijuana leaves.[45] A former member of several prominent alternative rock bands told Cooper, "I can't even watch MTV anymore, it's so full of junkies. I can spot them in an instant, and I feel like they're calling to me from this terrible and fascinating place in my past."[46]

MTV aired a pro-drug program, "Straight Dope" on August 27, 1994. Host Kurt Loder introduces the program stating, "We are going to spend the next hour taking a very close look at drugs, what they are, what they do to people who use them, and how well or poorly official government prohibition, the eight-year long war on drugs, has worked."

A teen on the program says, "It's not like I'm trying to commit suicide or anything -- it's no worse than drinking coffee, smoking a cigarette, drinking a beer, or taking a shot of tequila."

Loder portrays some drug users as rational, everyday people who are minimally affected by the illicit substances. The three-part film was publicized for public school use by "MTV Community of the Future" and is endorsed by the National Education Association. MTV offers "teacher support material" to help with classroom discussions.[47]

YOUTH PRINT MEDIA ENCOURAGE ILLICIT DRUG USE

The May 5, 1994 edition of *Rolling Stone* is headlined, "Drugs in America: The Phony War, the Real Crisis." The magazine is devoted to a pro-drug message.

The March 1995 edition of *Details*, a pop culture magazine, includes an article about the Sativa Hemp Store in San Marcos, Texas, which stamps dollar bills with the words "I grew hemp" coming out of George Washington's mouth. The first president grew rope hemp at his Northern Virginia estate, Mount Vernon. "Hemp activists say the stamp helps to draw attention to the utility -- and former respectability -- of the plant."[48]

Drug advertisements are in many metal, rap and hip hop magazines. The college edition of *Rolling Stone* recently included an invitation to join NORML which states, "Every 2 minutes, another American is arrested on marijuana charges. You could be next!"[49] Another ad solicits for a bumpersticker, "There's no hope -- let's do dope." *Rolling Stone's* December, 1994 Double Issue (December 29, 1994 to January 12, 1995) advertises a "Genuine Ostrich Egg" with a marijuana leaf and the words "Get High Tonight" emblazoned on the egg.[50]

Q magazine's February 1995 edition contains an ad, "Grow Yer' Own, The Home-Gro Company, Everything You Need to Grow the Best!!!" [51] February, 1995's *Relix* advertises for "Indoor Grow Lights" and adds the bold statement, "We sell lights **that's all we do** just mail order, just lights!"[52]

The same edition of *Relix* includes a very sympathetic article entitled "Families Against Mandatory Minimums."[53] FAMM president Julie Stewart's brother is serving a five-year term for cultivation of marijuana. She accuses the Drug Enforcement Agency of preying on naive Grateful Dead fans. "They are not serious professional drug dealers and so they don't expect the person who they're selling drugs to, to be an undercover agent."[54] Stewart makes her case by stating, "[T]he drug offenders are actually

pushing violent offenders out of prison because the violent offenders do not have a mandatory minimum time that they have to serve."[55]

Relix includes a section inviting readers to write to "Incarcerated Deadheads."[56] Although the section does not list their convictions, a personal ad reads, "Help! In April of 1986 I was arrested at Irvine Meadows for possession."[57]

"Friday at Four" is an America Online interactive computer talk show with special guests. It recently hosted Yale law professor Steven Duke, who taught President Clinton and is the pro-drug author of *America's Longest War: Rethinking Our Tragic Crusade Against Drugs.*

Duke responded to questions about drugs. He said that banned drugs should be legalized "Absolutely, without a doubt, immediately!" He favors lifting the ban on "marijuana, opiates (heroin and morphine) and cocaine, including crack." He also promoted needle exchanges. He explained, "I think drug prohibition causes half of our serious crime....Our biggest problem, worst drug problem is the tobacco problem. Legalizing drugs will reduce the use of alcohol, which is far more damaging than any popular illegal drug."[58]

Even the popular "Dear Abby" syndicated advice column has gone pro-drug. Abigail Van Buren recently wrote in favor of legalization. She wrote, "The legalization of drugs would put drug dealers out of business."[59]

CALLING ALL PARENTS

Government leaders and scientists recognize that curbing drug abuse requires positive prevention programs, messages to counter the pro-drug cultural bent, strong enforcement, and involved parents.

Joseph Podgorski, a principal of Amherst Central High School near Buffalo, New York, faults parental naivete for teen drug abuse. "There is certainly a lot of drinking going on, especially on the weekends, and I'm sure there is casual drug use...The biggest problem is trying to get kids' parents to admit that their kids have a problem. A lot of it is just not wanting to deal with it."[60]

Numerous studies show that parents can make the difference for children faced with peer and cultural pressures to take illicit drugs. For example, a study in the *Journal of Children in Contemporary Society* found that childhood predictors of adolescent substance abuse include: family history of drug abuse, family management and discipline styles, family communication patterns, and the child's own early use of the gateway drugs.[61]

A 1985 NIDA study of the use of illegal drugs among children states that "traditionality, family intactness, self-awareness, monitoring, and firmness" are parental traits found in the families of drug-free children.[62]

A 1990 study in the *Journal of Youth and Adolescents* considered peer versus parental influence for substance use. It found that parents are the most influential people in the teenager's life, both for drug users (63.2 percent) and abstainers (79.1 percent). Abstaining teens still go to their parents first (66 percent) when problems arise. However, drug-using teens tend to go to friends more often with their problems.[63]

There are conflicting studies which found that friends and peers have replaced parents as the greatest influencers of teen values. And for the 1990s quite possibly the media will emerge as dominant. *Dancing in the Dark* warns, "Youth...need the media for guidance and nurture in a society where other social institutions, such as the family and the school, do not shape the youth culture as powerfully as they once did."[64]

CONCLUSION

Superior Court Judge Lois Haight chaired a 1988 White House Conference on a Drug-Free America. She heard from 1,000 recovering addicts who unanimously gave the same heartfelt message, "Make it difficult, very difficult to use [illicit drugs], because if you don't, the lure and seductiveness of the 'high' will prevail."[65]

Youth attitudes and behaviors have changed with regard to the threat associated with illicit drugs. Although the culture has increasingly embraced pro-drug messages, concerned citizens can effectively counter these negative influences by educating themselves to the threat and exercising their responsibility to listen and lovingly guide children to "Just Say No" to drugs.

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Mr. ZELIFF. I would like to thank the panel. Dr. Kelen, Benjamin, thank you for being here. You are an outstanding example of our younger generation and guitar interest and sports and balanced with scholastic activities and a full life, and we wish you the very best and thank you for appearing here today.

Ms. Marston and Ms. Rosen, thank you very much for your participation. Thank you.

We will now call the next panel, General Barry McCaffrey. I would like to welcome our good friend Barry McCaffrey, four-star general, who is America's new drug czar. I believe personally that you are one of President Clinton's finest appointments and we look forward to your continued good work. I know that you have a huge challenge before you and we look forward to assisting you in that challenge.

Again, both Denny Hastert and I have enjoyed trying to get funding you have needed, not only your staff, but we took a trip to South America. We have looked at source country programs, interdiction programs for the Coast Guard, education prevention and treatment programs as well.

So you have been a great leader in this. Obviously, we have to recognize that this is not any project that is going to be done in 6 months. It is going to take quite a few years, and we welcome you here and we look forward to your testimony, General.

First of all, if you would be willing to stand and take our customary oath.

[Witness sworn.]

STATEMENT OF GENERAL BARRY R. McCAFFREY, DIRECTOR, OFFICE OF NATIONAL DRUG CONTROL POLICY

General MCCAFFREY. Mr. Chairman, thank you for the opportunity to come down here and present ideas and respond to your interest. With your permission, I would ask to submit for the record our written comments which we provided to your committee yesterday. It brings together in a very systematic fashion what the Office of National Drug Control Policy knows about the heroin epidemic specifically.

Mr. ZELIFF. Without objection, so ordered.

General MCCAFFREY. Mr. Chairman, if I may begin, let me make some informal remarks. May I say first of all with absolute sincerity how much I personally, and those of us who are serious about the drug issue agree, have respected and been grateful for your own leadership in the drug issue. I asked you and two other people to be present at my swearing in at the White House by President Clinton on March 1, based on your reputation of what you have done in this area.

Since then I have been enormously appreciative of your own example and courage, along with other members of this committee. But Rob Portman, Denny Hastert, Steny Hoyer, Charlie Rangel and others have been, it seems to me, very crucial to changing the nature of the debate. There is a lot of nonsense getting uttered during election years, but on the other hand, we have got the American people thinking, it seems to me, quite clearly.

Mr. ZELIFF. If I could just jump in. One of the nice things about all this taking place in an election year is everybody is talking

about the war on drugs. I think the subcommittee, you and others and Charlie Rangel, you are right. We have had a breakfast group. A lot of people are committed to it on both sides of the aisle. Thank you.

General MCCAFFREY. If I may make three assertions to you, regarding our own viewpoint on the heroin challenge in America, then go on and talk in response to Congressman Cummings' ideas before, what we think we can request to do about it.

First of all, I would again draw the committee's attention to the National Drug Strategy and specifically to page 12 in which we lay down a marker entitled, "other drugs now beginning to emerge that further threaten all Americans." We have gone 15 years where the central threat to America has been built around gateway drugs and behaviors, but ultimately was dominated by cocaine and crack.

We have said that we had an aging cohort on heroin. Again, our numbers are inadequate on the whole drug issue. We can document a couple hundred thousand Americans addicted to heroin. We think 600,000 is a more realistic figure. We have called it an aging cohort that are destroying themselves, families and neighborhoods.

Certainly Baltimore is a city that understands the nature of this dreadful menace. The commissioner of police in Baltimore in one of his own tutorials to me talked about the $900 a day that a heroin addict has to steal to support this $250 habit. So we know heroin was a continuing challenge when we put it in the National Drug Control Strategy.

Three assertions, if you will allow me. First of all, heroin is not just an American problem. I think we need to underscore that because it is going to be part of my work to help construct an international coalition of democracies that can attempt to deal with this problem.

I have asked to have the President address this issue in his speech to the U.N. General Assembly next Tuesday. I intend to accompany him up there and to underscore that we know that there are gigantic explosions in heroin production and trafficking patterns. We think there is a record high of opium crops, 450 metric tons of heroin a year. We know that opium cultivation has doubled in the last 10 years.

We understand our own heroin addicts comprise probably only 2 to 4 percent of the world's heroin addicts, if we look at places like Pakistan with 2 million heroin addicts. If we look at Europe with a population slightly greater than the United States and the heroin addict population, it may be some 1.5 million. This movie "Trainspotting" that came out, that brought a great deal of attention back to the issue of heroin addiction.

If you go to Glasgow, Scotland, 10 percent of the population of that city we believe are current or former heroin addicts, some 60,000 people out of an urban area of 600,000. When we look at our own demand for heroin, 10 to 13 tons, and look at Europe with a demand for heroin of as much as 30 tons, it underscores we had better be partners in this global problem.

Now, the second thing we understand, the second assertion we would make, is there are dramatic shifts in the drug trafficking patterns. Colombia and Mexico are new players. We understand Burma is still responsible for 60 percent of the heroin in America.

We know that Afghanistan, one of the few things that poor tortured nation is doing now, is growing opium, but the new deal for us is that Colombia, from a production level of zero 10 years ago, is now doing some 65 tons of opium a year.

For the first time in our history, as our DEA's Tom Constantine, distinguished law enforcement officer, is telling us that more than half of the heroin seized in America this year for the first time in history came out of South American production.

It is a tremendous challenge to us, high purity, low cost, aggressively marketed heroin out of Colombia and to some extent out of Mexico, although the Mexicans are making a tremendous effort to deal with the problem. We are seeing changes in trafficking patterns in terms of higher purity levels. The average right now is up to some 37 percent purity and we are seeing purity levels as high as 90 percent with lower prices.

These international trafficking organizations are businesses. They are criminal enterprises. They are profit oriented, they are risk adverse, they are developing markets, they are competitive. The only difference between them and a big international corporation is that they are violence based and they are using unlimited amounts of violence to achieve their aims.

The third assertion is just to suggest what is intuitive, obvious, going to the interdiction aspect of confronting heroin poses an enormous problem. It deserves our continued thought. I think this committee has drawn a lot of useful attention to it, but the places that they are growing opium in record amounts are Afghanistan, Burma, Mexico and Colombia and in every one of these countries the challenge to the central government to control opium production areas is enormous.

We are also seeing multiple trafficking routes and methods. It is not the case that we have got one clear-cut path of attack that we have to confront. They are coming through the Middle East, former Soviet Union, South Africa, South America, and they respond to our successful initiatives. They follow the path of least resistance. These trafficking organizations, particularly in heroin, far more so than cocaine, are extremely cohesive and difficult to penetrate, as Mr. Constantine will explain in greater detail.

Finally, heroin is an extremely low bulk, high value commodity. We are trying to pick heroin out of 9 million shipping containers a year that come into the United States.

Now, the bottom line of all of this is sort of discouraging. We say that the world's law enforcement agencies and Armed Forces seized 32 metric tons of heroin in 1995, 7 percent of the world's production. The U.S. law enforcement authorities were able to seize 1.3 metric tons, but our demand is between 10 and 12 tons. Our problem, our challenge is intelligence, and we are simply going to have to focus on that if we are going to make any progress on interdiction.

Finally, as we look at the U.S. heroin epidemic, the data is inadequate and we are going to have to get more focused on it. We say we have 600,000 addicts. We think we are seeing increasing rates of use, up to 122,000 new users in 1994. There is no clear trend, however, in the age of use.

What is clear without any question is the damage done by heroin to an aging sick population. If you become addicted to heroin in your teenage years, then use it up through your early 30's, you are a remnant of a human being by the time you are in your 30's. You start showing up in these emergency rooms, and those lines in red and green document the tragedy of heroin and cocaine in America. Heroin related emergency room episodes are up 166 percent since 1990. The purity is greater than ever, and the barriers to use heroin have been lowered because when you have snorting or smoking as an acceptable alternative, given the purity, you get over the fear of injecting.

I am very proud and aware, and I talk about this all of the time, I have a bracelet of Tish Elizabeth Smith, the perfect girl. Her mother gave me her memory bracelet at Partnership for a Drug Free America's press conference opening their anti-heroin campaign. Very emotional, very moving issue for all of us to watch this beautiful mother talk about her daughter who didn't smoke, drink, use illegal drugs, off to the first semester in college, where she killed herself smoking heroin and crack mixed, put herself brain-dead 7 days. They had to pull the plug. A tragic loss of life of opportunity, and that tragic loss is being repeated all over America.

So the bottom line is we have four pillars. We have said we are going to look at the Government's anti-heroin strategy. First and foremost is a vigorous prevention campaign, and I have asked and I think I am going to get support of full funding for drug free schools and to increase the number of schools with prevention and intervention strategies.

We understand that families are central to the prevention of drug abuse. As Congressman Mica has pointed out, we know that Partnership's media campaign on heroin and youth can pay off, and we applaud their efforts.

And finally, the March 1996 White House Leadership Conference on Drugs made a good beginning to bringing together this enormous prevention community to address the problem. As a matter of fact, I just came from Secretary Shalala's Annual Prevention Conference, where we brought in the people from all around America to talk about it.

The second pillar is we want to treat hard-core chronic addicts. If you don't like crime, you will like effective treatment programs for those involved in the criminal justice system. We have some money in the 1997 Strategy. I asked for your support. On the other hand, it is a pittance. We have 50 percent of the treatment capacity this country needs, and we have a completely inadequate ability to focus on this problem in the criminal justice system.

Third pillar is we need better research, as I mentioned before, to track the growth of heroin and identify solutions. There are some brilliant people working the issue. I have been out to Columbia, Harvard, UCLA, University of Michigan and other places listening to them along with our own in-house research. But we need to bring together a better grasp of the subject.

Finally, as I mentioned, we need to have an international heroin strategy. We simply can't do this on our own. We are going to have to join together with authorities in Colombia, Mexico, Europe, the former Soviet Union and understand that all of our children are at

risk and all of our democratic institutions are fundamentally threatened by the billions of dollars that emanate from this criminal enterprise.

And on that note, sir, I thank you for the opportunity to present these thoughts and I look forward to responding to your questions.

Mr. ZELIFF. Thank you, General McCaffrey.

[The prepared statement of General McCaffrey follows:]

Barry R. McCaffrey
Director
Office of National Drug Control Policy
Executive Office of the President

Committee on Government Reform and Oversight
Subcommittee on National Security, International Affairs, and Criminal Justice
U.S. House of Representatives

September 19, 1996

Mr Chairman, I want to thank you for the opportunity to testify before the Subcommittee today, and to acknowledge the Subcommittee's leadership and support on drug issues in this Congressional session

I. Heroin: A Global Threat

Heroin is a global threat Europe has at least 1 5 million addicts Interpol estimates that Pakistan has two million addicts Thailand has at least 600,000 China, India, and Iran report growing heroin or opium consumption problems, although hard statistics are lacking Indeed, many of the most threatened countries are reluctant to confront the scope of their addiction problems

Global cultivation of opium has doubled in the past ten years New areas of cultivation in South America have joined traditional countries in Southeast and Southwest Asia While the U S heroin addict population is 600,000 and appears to be rising, it is estimated that domestic use accounts for only 10 to 12 tons of heroin consumption -- about three percent of the heroin that could be produced by current world-wide opium poppy crops Although our situation is troubling, even tragic, clearly other countries and regions have more severe heroin and opium consumption problems, with less capability to address them [See Chart A]

All drug trafficking fosters corruption, undermining democracy and the rule of law In this regard, opium cultivation and opiate consumption affects some of the world's most at-risk states

World opium production is estimated to be 4,200 metric tons per year Much of this production is consumed locally as opium. According to Interpol however, the potential exists to produce between 420 and 500 tons of heroin from these crops On a global basis, acreage under opium cultivation is increasing, not declining Clearly, drug traffickers view heroin as a growth industry

Last year, U S Federal enforcement officials seized 1 3 tons of heroin European authorities seized 10 5 tons In a single operation in May, 1995, Pakistan seized 6 3 tons, while a follow up operation netted another 2 3 tons

Trends in the supply of heroin are shifting Burma has long been the prime source of heroin for the U S and for the world market Now, according to recent reports from Interpol, Afghanistan threatens to overtake Burma in production volume while Nigerian heroin traffickers have a more world-wide network Drug trafficking -- as well as use -- is on the rise in the former Soviet Union, where social and economic dislocation may create a drug problem dwarfing that of Europe or North America Closer to home, Colombia has begun to produce heroin in substantial amounts, most of it destined for the North American market, and both Colombian and Mexican traffickers have branched out to sell heroin in addition to cocaine Unlike the cocaine trade, heroin trafficking is a worldwide industry run by widely dispersed, loosely associated, ethnic-based criminal organizations Cultivation usually takes places in inaccessible growing areas Proceeds from retail heroin sales may be nearly $10 billion in the U S and $25 billion Europe -- the two primary heroin markets

We are witnessing a trade war with ruthless competition in price and quality Around the world, there is more heroin of greater purity at cheaper prices International cooperation is essential against this global health, criminal and security threat

II. Heroin: The Need for Action

The decentralized structure of the heroin industry and the global scope of its trafficking patterns challenges traditional interdiction methods Moreover, once traffickers penetrate their intended markets, heroin has the potential to overwhelm current treatment and prevention efforts Our heroin strategy relies largely on international cooperation and coordinated domestic law enforcement efforts, drug treatment for chronic drug users, and prevention efforts aimed at new initiates We can be effective in countering the damage heroin brings to our communities, but we must act decisively We can reverse the recent upsurge we have seen in heroin use But we have to act now to head off any future crisis

III. Heroin: The Data

A. Price, Purity, and Use

By the end of 1991, it was noted that the mode of administration of heroin was changing in New York, Newark, Miami, and Chicago from injection to snorting or snuffing (intranasal use) Smoked combinations of heroin and crack-cocaine were also beginning to be observed in New York

The negative impact of long-term crack use was leading many drug abusers to seek a drug capable of softening the impact of crack Smoking became the preferred method of use because it was available in a form pure enough to smoke

- There is a strong relationship between how heroin is used and its purity and physical properties (whether it is Mexican Brown, Black tar, or white powder) For example, when heroin is in the form of white powder and high purity, the user can achieve the desired effects through snorting or smoking, while low purity powder must be injected Extremely pure heroin is now available at low prices

Since 1990, heroin-related emergency room episodes are up 166 percent among persons 35 and older While total drug episodes remained virtually flat from 1994 to 1995, heroin episodes increased by nearly 19 percent (64,013 to 76,023) Beginning with the 1991 emergency room and medical examiner data, heroin visits and deaths started to escalate Similar trends for treatment admissions were evident across the country [See Chart B]

1994 DAWN Medical Examiner data, the most recent yar for which data are available, report increases in heroin-related deaths in Phoenix (34%), Denver (29%), and New Orleans (25%) Emergency room mentions of heroin also began to increase in Eastern cities and heroin became the primary drug of abuse among admissions to drug abuse treatment facilities in Newark, Philadelphia, and Boston

By 1992, the trend toward smoking or snorting had increased among those being seen in drug abuse treatment settings and has continued through late 1995

B. New Initiates

Heroin presents a particularly grave threat to the American people. It is still true that most heroin users are older, long-term drug users, but our sources indicate that more teenagers, young adults, middle- and working-class people, and suburban residents are starting to user heroin

Since the early 1980s, the heroin sold on American streets has become cheaper and more pure There is now growing evidence that heroin use may be on the rise This cheaper, purer heroin first showed up among existing heroin users, and then among hardcore cocaine users who began to use or switch to heroin Heroin users today are initiating use at a younger age and prefer smoking and snorting, rather than injecting This threatens to make heroin use more accessible to a wider range of users, particularly those users of other drugs that were otherwise unwilling to inject drugs into their bodies

ONDCP's *Pulse Check*, published twice a year and based on subjective information from experts working in the field, confirms that in those areas where high

purity heroin is available the practice of inhaling rather than injecting the drug continues to increase in popularity Further, among new users of heroin, particularly the young, non-urban, middle income users who are becoming increasingly evident, the ability to inhale the drug has made using it much easier and more acceptable

This combination of lower prices and increasingly active marketing to inhalers has had the effect of making heroin more accessible to a wider range of potential users This increase in the numbers of young (under age 30) heroin users is of special concern These heroin "initiates" are, in all probability, at the outset of a long, downward spiral into hardcore addiction

With the increased availability of heroin and a drastic increase in the purity of heroin on the street, the number of heroin users is increasing. The 1995 Monitoring the Future survey (MTF) noted increases over 1994 in heroin use among 12th graders on all prevalence measures lifetime, annual and monthly (1 2%-1 6%, 0 6%-1 1%, 0 3%-0 6%, respectively) Increases were also noted for past month use among 10th graders, usually by snorting or smoking Although one should be cautious when reviewing these data, because they are estimates derived by extrapolating from a small number of respondents, there has been a continuous upward trend between 1991 and 1995 across all grades and all prevalence periods

New users are of particular concern because heroin use spreads among friends and peers New users, especially within their first year, are likely to engage others The implication of this is that the danger exists for explosive growth in heroin use

IV. Heroin: From Counter-Culture to Pop Culture

Anti-drug attitudes characterized our young people from the early 1980s until 1991, drug use declined until 1992 Now, there appears to be a fascination with drug use and other high risk behaviors Youth attitudes reveal a growing tolerance for drug abuse Experts suggest several reasons for this

- **Less media attention.** Television coverage of drug issues declined 91 percent from 1989 to 1992 before starting a slight, but gradual increase in 1993 that has continued through 1995 (*Media Monitor*) The number of anti-drug public service announcements was sharply reduced (Partnership for a Drug Free America [PDFA]) [See Chart C]

- **Generational forgetting.** Today's young people have not received the prevention message and, given low rates of use, have not experienced as much evidence of the destruction of drugs (MTF)

- **Popular Culture.** With popular culture, young people are bombarded with pro-use messages Music, movies, fashion, advertising, recycled fads from drug use era, and celebrity behavior reflect and reinforce pro-drug attitudes The result is a progression from drug use as an aberrant, counter-cultural behavior to drug use as a more widely accepted reflection of "the times "

  Crack cocaine has a negative "loser" image and powder cocaine is perceived as a "yuppie" drug from the last decade, but cultural leaders such as rock musicians, film-makers and writers portray heroin use as the "ultimate rebellion " Heroin has long had an underground association with musicians and other artists, and it has spawned a myth of creativity that has been destroying American talent for over half a century On campus, or in the counter-culture of today's youth -- which is desperately looking for something to "counter"-- a musician can become a hero by overdosing on heroin

- **Absentee Parents.** Baby boomer parents are said to be reluctant to deliver strong no-use messages in light of their own drug experimentation years before Even more troublesome, many parents claim helplessness, expect their children to experiment with drugs, and retreat from their responsibilities as well documented in last week's survey released by the Center on Addictions and Substance Abuse (CASA) According to this study, 40 percent of parents surveyed think that they have little influence over their adolescents' decision whether or not to use drugs Also, 46 percent of parents think that their teenagers will try drugs at some point

- **Attitude/Value shift.** Drug use among young people in Canada is increasing in roughly the same manner as in the United States, reflecting a complex phenomenon that is beyond national in nature, according to Dr David Musto, Yale University

I believe all of these factor contribute to the change in attitude among young people The popular press has documented the spread of "grunge" music, and its associated heroin use, from Seattle to bands around the country, leading artist Dallas Taylor to ask "What is it about this business that praises the use of drugs?" (*Rolling Stone*)

This is a terrible problem -- a problem for the musicians who are destroying themselves and a problem for the other young people who would imitate their behavior Equally abhorrent is the advent of "heroin chic" in the fashion industry -- the use of makeup and dress for the junkie look

While heroin continues to rightfully frighten citizens of all ages, young people prone to risk-taking behavior are in great danger There are two ways the trend can be reversed The first is an effective program of enforcement, education and treatment The second is an overdose death count so horrifying that it exposes the seductive messages about heroin as lies Certainly, we can all agree that the first path is the better of the two

V. Heroin: The Administration's Response

Heroin use is not the behavior of the very young. Their more immediate problems are underage use of alcohol and tobacco. These are *gateway* behaviors -- behavior that must be prevented or delayed, if we are to prevent marijuana use, cocaine use, heroin use. We best prevent the progression to heroin by preventing the first step.

Despite the best efforts of prevention and education, some young people do use drugs and move on to heroin. For them, treatment is essential to shrink the population of addicted chronic heroin users. As long as that population continues to drive demand for heroin and bring it into our neighborhoods, other social forces can draw new users into the trap of snorting and smoking heroin.

That is why the *1996 National Drug Control Strategy* targets this problem through a systems approach:

✓**Vigorous prevention campaigns**, through private groups such as PDFA as well as Federal prevention and Safe and Drug-Free Schools and Communities programs.

✓**Better treatment for hardcore, chronic addicts**, especially through linkages with the criminal justice system.

✓**Research to track the growth of the problem and identify solutions.**

✓**An international Heroin Strategy**, to channel our law enforcement, interdiction, and diplomatic energies into stopping the flow of heroin, and disrupting the deadly criminal organizations.

A. Vigorous prevention campaigns

ONDCP, in conjunction with Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Education, have worked closely with PDFA to develop and publicize the Partnership's new heroin campaign. On June 17, ONDCP joined with PDFA to announce the start of the campaign at the National Press Club.

Since most drug users do not begin with heroin, but turn to heroin after using other drugs, the most useful heroin prevention efforts are those aimed at keeping young people away from drugs in the first place. That is why it is so critical to fully fund the Safe and Drug-Free Schools and Communities program.

The House reduced funding for the Safe and Drug-Free Schools and Communities (SDFSC) program by nearly $100 million below the President's FY97 request. Further,

the House cut funding by $219 million under the President's FY97 request for SAMHSA's substance abuse treatment and prevention programs These actions are unfortunate, and will hopefully be corrected in the final FY97 appropriations A leading objective of the *1996 Strategy* is to increase the number of schools with comprehensive drug prevention and early intervention strategies with a focus on family involvement

Families are crucial here As the CASA study vividly illustrates, too many parents blame "society at large" for adolescent drug use instead of taking it upon themselves the responsibility of demanding that our schools be drug free Active involvement by parents in the lives, school, and activities of their children can do much to deter adolescent drug use

Through the Center for Substance Abuse Prevention (SAMHSA), and the SDFSC program, the Administration supports community-based coalitions that empower parents and neighborhoods to help our youth reject drugs The national leadership continues to support initiatives to protect our youth against drugs The White House Conference on Youth, Drug Use, and Violence was held on March 7, 1996 to encourage positive role models among youth in order to counteract negative influences among our young people

B. Better treatment for hardcore, chronic addicts

The *Strategy* supports both pharmacological and non-pharmacological treatment for heroin addiction Numerous studies of opiate addicts found an average reduction in daily narcotics use of 85 percent during treatment and a 40 percent decrease in property crime And one major study found that needle sharing rates among 388 male, injecting drug users dropped from 47 percent at treatment entry to 14 percent during treatment On the other hand, untreated opiate addicts die at a rate 7-8 times higher than patients, with similar characteristics, in methadone programs

Methadone treatment is part of the long-term solution, and has been extensively researched and evaluated Properly administered -- as a part of a complete drug treatment program, including continued maintenance, as medically indicated for those who have stabilized -- methadone is among the most effective interventions available ONDCP has

- Supported FDA and DEA programs to ensure that methadone programs are well-administered and sufficiently monitored

- Supported efforts to develop new and improved medications for treating drug addictions For example, LAAM (levo-alpha-acetylmethadol hydrochloride), a heroin dependence treatment medication that is a longer-acting alternative to methadone, has recently become available LAAM is dosed every other day and may prove more acceptable for some addicts and less subject to diversion for illicit use

As a result of the Administration's efforts, today there are 852 approved maintenance and detoxification programs, 149 of which have been approved for LAAM as well as Methadone -- up from 700 programs in 1994

C. Research to track the growth of the problem and identify solutions.

There is continuing controversy about whether the U S is experiencing an upsurge in heroin use The data currently available show a mixed and ambiguous picture, with many important variables unobserved or observed only with very low precision and doubtful validity. Current indicators are sufficient cause for vigilance, but an analysis does not conclude that we are faced with a new epidemic

ONDCP has initiated a number of initiatives designed to keep a critical watch on changes in patterns of drug availability and use

- ONDCP has conducted two National Heroin Situation Analyses designed to provide the most current estimates of the size and scope of the domestic heroin problem The include recommendations about current data-gathering, analysis, and reporting and identified new areas for research and inquiry

- ONDCP, in conjunction with HHS' Special Projects Group, is developing a series of Quick-Response Surveys (QRS) to provide quick-hitting spot checks and provide early warning of national trends The first QRS addressed heroin use, the purpose of which was to determine if the nation is experiencing a change in the availability of heroin, the level of its use, modes of consumption, public attitudes, and the demographic characteristics of heroin users

- Since early 1991, ONDCP has used a Regional Liaison System to track trends in heroin trafficking and use The information gathered consists of supply and demand anecdotal impressions, local data on heroin use and supply, and information about local law enforcement and treatment responses

D. The International Heroin Strategy

In November of last year the President signed a Presidential Decision Directive which established the U S policy on international heroin control. Goals Four and Five of the *1996 National Drug Control Strategy* also speak to our international heroin strategy In addition, we are in the final stages of developing the Classified Annex to the *Strategy* which provides classified taskings to departments and agencies to implement goals Four and Five of the national strategy. We have incorporated the implementation plan for international heroin control into this Annex We would be pleased to provide the Committee a briefing on the Classified Annex when it is finalized

Major tenets of our international heroin strategy include

- **Boost international awareness and strengthen international cooperation against heroin traffickers.**

  Given the global scope and decentralized, diversified structure of the illicit heroin industry, real progress must be built on a firm foundation of international cooperation We must use diplomatic and public channels to focus international awareness on the growing heroin threat and pursue closer cooperative relationships on a regional and bilateral basis with most key heroin source and transit countries

- **Confront Burma, and Afghanistan, the sources of most of the world heroin supply.**

  Progress in international heroin control is dependant upon Burma and Afghanistan's reduction of opium production. We must continue to look for long term openings to address opium cultivation and production in Burma and Afghanistan without undermining other important U.S interests in advancing democracy and human rights in the region We must continue to support the efforts of Mexican and Colombian law enforcement and counterdrug military forces to eradicate opium poppy and control heroin trafficking

- **Implement coordinated international law enforcement efforts aimed at disrupting and destroying heroin trafficking organizations.**

  With our limited ability to go to the source of opium production, we must work more actively to bring international law enforcement to bear against principal heroin trafficking organizations through coordinated regional initiatives in East Asia, Southwest Asia, Africa, and Latin America

  The interagency Linkage Committee, co-chaired by DEA and CIA, is working in coordination with international law enforcement to develop information which can target heroin trafficking groups

- **Aggressively use the certification process to promote effective host-nation anti-drug activities.**

  Major heroin production and trafficking nations like Colombia, Burma, Syria, Iran, Afghanistan and Nigeria have not been certified by President Clinton We will continue to use every available forum to send a clear, unambiguous message to other countries that fail to cooperate with international heroin control efforts that we are serious about the heroin problem

- **Focus on those countries and regions posing the most direct heroin threat to the U.S.**

  Given the worldwide oversupply of heroin and the decentralized nature of trafficking organizations, we should focus primarily on regions, countries, routes and organizations that are linked to the U S market

  We should continue to cooperate closely with European and other law enforcement and intelligence organizations in a cooperative international effort

- **Assist source and transit nations in developing comprehensive narcotics policies**

VI. Heroin: International Successes

There were several notable regional and country specific successes during 1995 in international heroin control activities In East Asia, governments have increasingly focused on the threat to their societies posed by the rising flood of opium pouring out of Burma and Afghanistan

- China, Burma, Laos, Thailand, Cambodia, and Vietnam endorsed a regional action plan incorporating supply reduction, demand reduction, and law enforcement projects

- Thailand, increasingly concerned about rising domestic use of heroin and other drugs, achieved significant successes during the past year Thai authorities began extradition hearings for the 10 narcotics traffickers arrested in late 1994 who had key roles in the narcotics trafficking enterprise of Mong Tai Army chief Khun Sa

- China faces serious and growing domestic drug abuse problems and has reemerged as a major route for heroin shipments originating in Southeast Asia Beijing continues to pursue an aggressive domestic counternarcotics enforcement program and has shown a willingness to cooperate with multilateral efforts to control chemical diversions and money laundering

- Vietnam, alarmed over rising levels of domestic drug abuse and its increasing role as a transshipment point for international heroin, undertook some new counternarcotics initiatives while maintaining a strong commitment to ongoing programs In June 1995, Hanoi announced that it was willing to expand counternarcotics cooperation with the United States, to include training of Vietnamese counterdrug forces by U S Customs officials

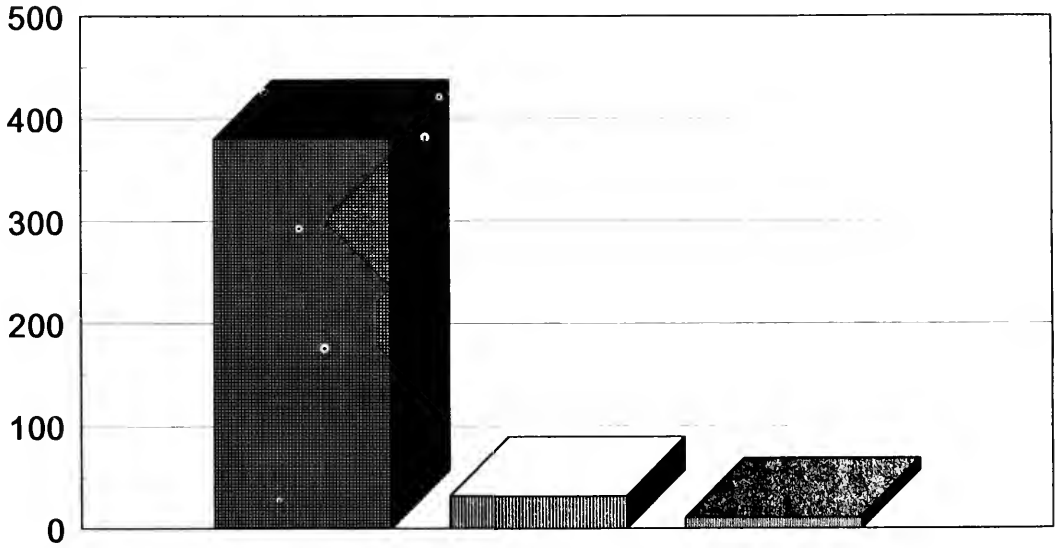
- In Pakistan, the arrests or extradition of several important heroin traffickers highlighted bilateral antidrug cooperation Pakistani authorities reported seizing nearly 17 metric tons of heroin and 213 metric tons of opium in 1995 (170% and 1,400%, respectively, over 1994) In addition, Pakistan for the first time froze the assets of several major traffickers, valued at about $145 million

VII. Conclusion

The increased accessability of heroin confronts us with a problem that we as a Nation can do something about before it becomes an epidemic It is critical to work together to implement effective drug prevention programs to change our children's attitudes towards drug use overall I look forward to your continued leadership and support in this effort

CHART A

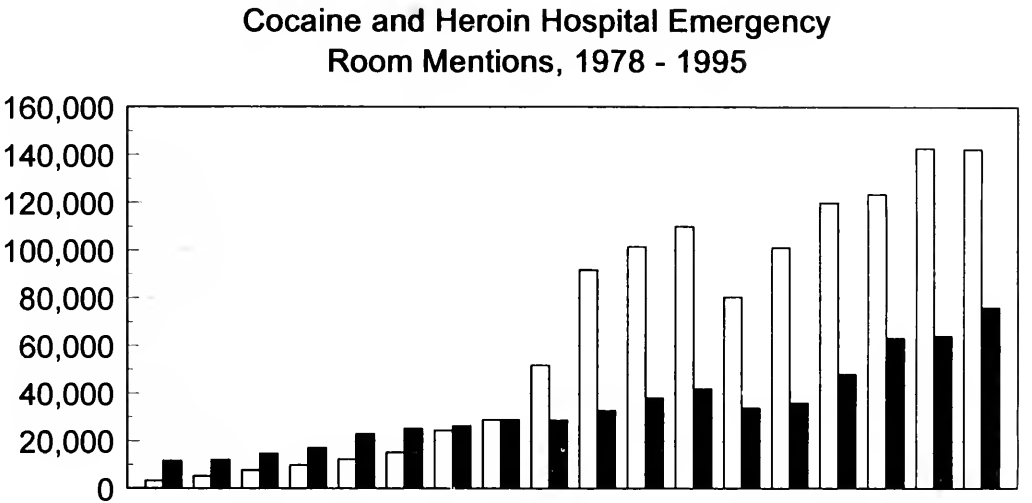
Heroin Supply for 1995



Worldwide Production	380
Worldwide Seizures	32
U.S. Consumption	11

Source: NNICC, CNC, ONDCP

Cocaine and Heroin Episodes are Creating Problems in Emergency Rooms

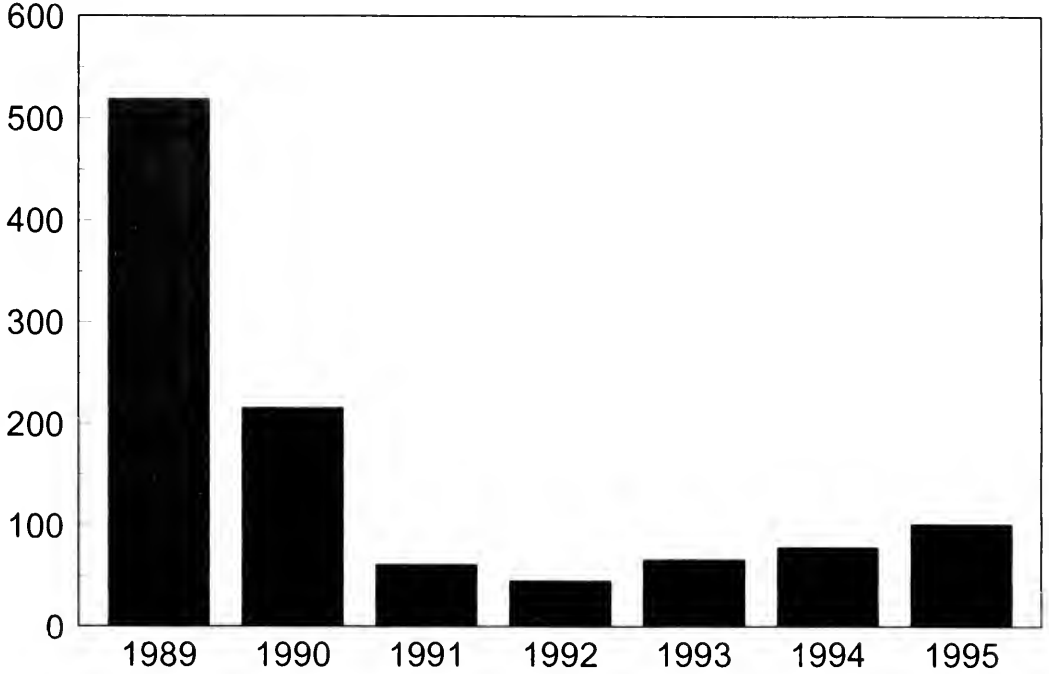


	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95
Cocaine □	3,400	5,300	7,700	9,800	12,400	15,200	24,400	28,800	51,700	91,800	101,600	110,000	80,400	101,200	119,843	123,423	142,878	142,494
Heroin ■	11,700	11,900	14,700	17,100	23,000	25,100	26,400	28,900	28,600	32,700	38,100	41,700	33,900	35,900	48,003	63,232	64,013	76,023

Source: HHS Drug Abuse Warning Network

CHART C

Television Coverage of Drug Issues, 1989- 1995



Source: Media Monitor, Vol. VIII, #1, Jan/Feb 1996

December 18, 1995

THE PRESIDENT'S INTERNATIONAL DRUG CONTROL STRATEGY ON HEROIN

SUMMARY:

The Heroin Threat

The worldwide heroin threat requires a significantly different approach than that prescribed for cocaine. The heroin industry is more decentralized, more diversified, and harder to conduct law enforcement operations against. International criminal groups, attracted by the huge profits of the trade, are moving large quantities of heroin to the United States and Western European markets. As supplies and purity levels have risen, so has heroin use. If left unchecked, these conditions could contribute to another heroin epidemic in the United States, with long term health problems, increased crime and violence, and staggering social and economic costs. There are several conspicuous developments:

- Heroin consumption in the US is increasing.
- Worldwide opium production has more than doubled in the last decade, principally in Asia.
- opium poppy growing areas are expanding in Afghanistan, Burma, and the new republics of the former Soviet Union.
- Heroin addict populations, particularly in Asia, are increasing.
- South American heroin (Colombian, and, to a lesser extent Peruvian and Venezuelan) is now being shipped by the cocaine cartels to the United States. Although still limited, this activity is increasing. Additionally, almost all Mexican heroin production continues to flow to the US.

From a global perspective, heroin may pose a greater long-term threat to the international community than cocaine because more countries are involved in the key production and transit roles, the global market is larger, and there is more than sufficient capital from illicit heroin sales to corrupt several at risk governments in Africa and Asia. Consequently, we need to give heroin more serious attention to reduce the risks of a potential worldwide heroin epidemic and prevent this illicit drug economy from undermining political stability in source and transit countries.

The Heroin Strategy

The US has a unique opportunity now to blunt the potential impact of the heroin problem. We have to work through diplomatic and

public channels to boost international awareness of the growing heroin threat. We have to promote UNDCP and regional and financial NGO institutional involvement, and, bring international drug law enforcement efforts to bear against the principal organizations that are involved in the production, processing, and transit of the drug. We have to address the special problems posed by large scale opium production in Burma and Afghanistan, and the underground banking systems in the region that finance their operations.

The near-term and long-term goals of this strategy will be framed by three fundamental tenets:

- The vast geographic scope of the trade requires us to set clear policy and program priorities to avoid spreading resources too thinly.
- The current political as well as practical inaccessibility of major producing areas limits our ability to reduce production and requires us to develop innovative ways to influence events in these regions.
- Priority must be given to implementing coordinated regional initiatives targeted primarily at disrupting and dismantling accessible elements of major heroin organizations that pose the greatest threat to the US.

Our strategy is to:

- Strengthen international cooperation against the traffickers.
- Assist other nations, particularly the source and transit countries, in developing comprehensive counternarcotics policies.
- Implement law enforcement efforts aimed at disrupting and destroying the international criminal organizations that direct the worldwide narcotics trade.
- Aggressively utilize the certification process to promote effective host nation anti-drug activities. We should be prepared to provide economic and other incentives to those who are working on the problem and penalize those who refuse to cooperate.

We will focus on boosting international awareness of the heroin threat and strengthening the political will to combat it. We must convince nations that effective drug control measures are in their interests, and emphasize both diplomatic and law enforcement initiatives. We will stress the connection of opium and heroin

production and use to other critical foreign policy issues in the countries of concern, such as political instability, official corruption, alien smuggling, health problems such as AIDS, and damage to the environment.

We also will focus on targeting those countries and regions that pose the most direct heroin threat to the domestic health and national security interests of the US.

Southeast Asia: our principal heroin control priority will be to reduce the flow from Burma, currently supplier of over 60 percent of all heroin seized in the United States. We will continue to employ a range of measures that are designed to address US counternarcotics concerns without undermining other vital US objectives, including efforts to promote political reform and reconciliation and curb human rights violations. These measures include the following:

- Continue, at appropriate levels, a general dialogue with appropriate Burmese authorities regarding counternarcotics strategies.
- Exchange information with appropriate Burmese officials to support unilateral counternarcotics operations.
- Provide in-country counternarcotics training to specialized units on a case-by-case basis and subject to the same US standards and safeguards observed in other countries in which the US has a counternarcotics relationship.
- Continue support for UNDCP regional narcotics control efforts that affect Burma.

This also will require a strong international attack on the trafficking and financial organizations outside Burma.

We will continue counterdrug coordination with Thailand, the major transhipment route for heroin from Burma, we will encourage China and Thailand to exert more narcotics control pressure on Burma by emphasizing the regional threat of the heroin trade, and we will address the problem of increasing heroin movements through China and Taiwan.

Southwest Asia: The further breakdown of civil order in Afghanistan following the withdrawal of Soviet forces and as a result of the civil war has increased the country's importance as a major illicit opium source country. Southwest Asian heroin, while presently primarily directed at Europe, could quickly increase on US streets if the Afghan supply problem is not addressed. Pakistan has a key role to play in disrupting the flow of Afghan opium to the West.

Lebanon, and Turkey, which continue to be trafficker targets for processing and transshipment to the European, Middle Eastern, and North American markets, also demand special attention.

Latin America: Opium poppy cultivation is already established in Mexico Guatemala, and Colombia and is spreading into Venezuela and Peru. Extensive eradication efforts are holding Mexico's and Colombia's crop in check, and so far have prevented significant cultivation in Venezuela and Peru. While Latin American heroin currently constitutes only a small percentage of the US market, it could become a serious future threat because of the extent of potential cultivation, high product quality, and the utilization of existing cocaine shipment and retailing networks.

Africa: Nigerian and related West African trafficking organizations demand attention because they move a substantial portion of the heroin coming to the US from Southeast Asia as well as increasing amounts of cocaine to Africa and Europe. The opening of commercial transportation routes to South Africa makes that country more vulnerable to traffickers operating in Pretoria and Cape Town.

The NIS and Europe: Heroin trafficking through Eastern Europe and the Newly Independent States is on the rise. While Europe is the target market for this route, it is occasionally exploited by traffickers, such as the Nigerians, for shipments to the US.

There are no easy solutions or approaches to effective international heroin control. We believe that only an aggressive international heroin strategy will be able to unify threatened nations around the globe in a cooperative effort against the traffickers. We are going to have to do more, we are going to have to do it better, and we are going to have to do it together.

Mr. ZELIFF. Mr. Mica, if you would like to lead off our questioning.

Mr. MICA. Thank you. Good to have your back again, General, and I appreciate the job you are doing. You referred to a tremendous increase in heroin and you cited, I think, Afghanistan and maybe Burma and also Mexico and Colombia as the source.

Since 1992 hasn't most of that increase in heroin production and heroin transit activity come through Central and South America through Mexico and Colombia?

General MCCAFFREY. Again with the caveat that Administrator Tom Constantine has a better grasp of this area, the quick answer is no. Most of the heroin in the United States is coming in out of Burma. Most of the heroin going to Europe is out of Afghanistan or Turkey.

Mr. MICA. But the increase since 1992 has really been coming. What about the production——

General MCCAFFREY. What is a new factor, you are quite correct, is Colombian heroin——

Mr. MICA. The Ambassador, when we went down, told us there are 10,000 hectares now under production in Colombia, and a lot of that is being transited through Mexico.

General MCCAFFREY. I think most of the heroin coming out of Colombia surprisingly isn't coming through Mexico. I would assert it is more likely to be coming in very small amounts, very high purity by air, by sea through Miami and New York. The Customs-DEA capture rate is phenomenal. That is why it has almost artificially driven up the amount of heroin we have received. They have gotten too good at picking up the mules in those two ports in particular. It is undoubtedly coming in through Mexico also.

Mr. MICA. Let me ask you if you have heard about a study that was done by the Defense Analysis Institute concerning treatment and interdiction effectiveness.

General MCCAFFREY. I am sure—I am not sure which study you are referring to. I have seen a study done by—this was a study that I believe that you were briefed on early in 1996, in March, by Admiral Kramek.

General MCCAFFREY. Yes, indeed.

Mr. MICA. You did see this study?

General MCCAFFREY. I don't know if the study has ever been issued. I have heard his briefer talk about it.

Mr. MICA. The study talked about the ineffectiveness of the policy that had been established by the administration as far as treatment and also interdiction. That highlighted these two areas; is that correct?

General MCCAFFREY. The study that he briefed, my own view, and remember I come at this from sort of an unusual perspective—let me respond to your question, if I may. I come at it from a perspective of having run the U.S. interdiction campaign for 2 years. So there is very little I don't know about it.

Our conclusions should be debated. But the study seemed to imply that the interdiction campaign that I had run had achieved phenomenal successes in driving up the price of heroin and cocaine and reducing consumption. Personally I found those conclusions utter nonsense and so I asked them to be submitted in more of a

scientific, analytical process, which is what I think is happening now.

Mr. MICA. So you heard the results, you didn't like the results, and you asked them to go back and look at them again?

General MCCAFFREY. I don't think what I like is relevant to this case. I think my judgment and experience in interdiction campaigns is pretty significant, and what I am looking for is ways to help protect the American people. It sounded like nonsense to me.

Mr. MICA. This was critical of the first 2 years of the administration, and in fact did you try—you don't think you then tried to repress making that report public?

General MCCAFFREY. No, I don't think so. I think our attempt ought to be to apply cold, hard logic, and I interpreted that study to be honest as more—I interpreted that study to be an apology for increased machinery out in the Caribbean as opposed to confronting the drug issue. That was my own view.

Mr. MICA. Would it be possible for the subcommittee to get a copy of that draft report?

General MCCAFFREY. I am sure it would.

Mr. MICA. Could you get us a copy of that?

General MCCAFFREY. I would ask Admiral Kramek to have the Defense Institute that did the study provide it to you.

Mr. MICA. Did you ever try to make that report available to the President, to anyone else the findings in that report or it stopped at your level?

General MCCAFFREY. No, it didn't stop anywhere. We asked the study to be subjected to peer group review, a scientific look, and to be honest, I will go back and pick up the thread of where that was. It was almost dismissed out of hand by the people who initially looked at it. I don't think it was a very good piece of work.

Mr. MICA. Did you tell them at that time not to release any of the report?

General MCCAFFREY. I am not sure how to characterize this. The report has never been released. The report is not done and our initial analysis of it was that it was fundamentally flawed.

Mr. MICA. Did you say do not release this report to Admiral Kramek?

General MCCAFFREY. I would not characterize what I told them as "do not release the report," but instead "make sure it is a sound piece of analytical work before it goes anywhere." It has been briefed to the interdiction community, I believe. And you are certainly welcome to look at it.

Mr. MICA. Did you ever say not to let the report out, or get the report out?

General MCCAFFREY. Let me go back. I am going to have to be consistent in my answers to you, Mr. Congressman. The report is not done. The report is being subject to scrutiny on a scientific basis. I think the thing is not a very sound piece of work.

Mr. MICA. It was done in March and it is still not released.

Mr. ZELIFF. The gentleman's time has expired.

Mr. Cummings.

Mr. CUMMINGS. General, it is certainly good to see you again. I want you to know you are a breath of fresh air. I applaud you for what you are doing. I think you have a very, very difficult job, but

I heard hundreds of witnesses in my time as a member of the Maryland general assembly and as a Member now of this Congress, and your integrity and your efforts are of the highest level, and I want to applaud you and encourage you to continue on this mission. It is not enough to have a vision. It is important to have a mission, and that is what I think you are trying to do and I applaud you.

I want to applaud you for two other things that really I am glad you spoke up on. One was this whole CIA-contra question that has been raised. I applaud you for asking that it be looked into. I think that is very important with regard to drugs and crack cocaine over there in California.

And No. 2, I applaud you and the President for your efforts with regard to this new policy with regard to prison construction; that is, making sure that—to make sure that prisoners are tested and treated. It doesn't make any sense for people to go into jail and come out more addicted than when they went in. So I really appreciate that, because those are real things that address the problem.

Let me ask you something, you heard the testimony of our distinguished witnesses that were here a little bit earlier. I go back to my question. I don't have time to point any fingers. I don't have time for that. Life is too short and too many people are dying and suffering. I heard all of the testimony that went on here and, as I sit here, I started thinking.

I wondered if when you look at this increase in the heroin, people using heroin, and I was just curious, I am in the baby boomer generation. Our children are now coming to a point of age 15, 16, 17 and college kids. Do you think that has anything to do with this increase? I am just curious.

General MCCAFFREY. The increase among youth——

Mr. CUMMINGS. Yes, yes.

General MCCAFFREY. I have a chart I find very helpful. Steve, if you would put that up.

First of all, I am not sure we have an adequate answer. But there are several reasons we believe drug use among American youngsters is going up. One of them you alluded to. There is a new generation running America: the school teachers, the parents, the police officers of America. Many of them, a third, somewhere between 50 and 72 million, have been exposed to illegal drugs. It scared them, they walked away from it, they are no longer using drugs. Now they are trying to sort out what do we tell our children.

What we are suggesting to them is you have got to tell your children just as you would about drunk driving or premarital unprotected sex, or whatever, you have got to give them sensible mature advice to help get them through life.

As you look at those charts over there, what you see is the change in attitudes among American kids. The University of Michigan data I find very persuasive. In 1990, the curve turned on disapproval of drugs by American kids. In 1991, the curve changed on fear of drug use by American children. If you talk to the 12 to 17-year-old kid in America today, the chances are 50 percent they are not afraid of heroin. If you talk to our age group, they are up at 85 percent or greater fear of heroin.

If you look at the final green line over there, 1992, drug use among American kids starts up. It has gotten worse every year since then. Though we conclude out of this that our parents, our school teachers, our coaches, our ministers, the news media, have to focus with blowtorch intensity back on the problem of teaching a new generation about the dangers of drug abuse.

Mr. CUMMINGS. Look at those ads. Did you see them? You weren't here, were you?

General MCCAFFREY. No, I am a great admirer of their work.

Mr. CUMMINGS. Those two ads stuck in my mind and one of them was of a young man who started using drugs and he then showed all of these sores on his body and how he was on his way down. Then he said you come and see me a year later. I will be out of this. I will be fine. I thought he was going to say I will be dead, but he said I will be fine. It touched me. I see so much, but there are few ads that really hit me because I have seen so much.

I am just wondering, are you doing anything in your—then there was a concern that—you may have heard this testimony that a lot of these ads did not air as much as they used to because people—I mean they don't have the sponsors or whatever. What are you doing—if it hit me, I assume it will hit some other people. I am just wondering what are you doing with regard to trying to make sure that that kind of thing stays out there, because I think television is a very, very strong mode of communication. When you see somebody going down the tubes like that guy was going down the tubes, it almost makes you say I don't want to be bothered with it.

The reason why I am asking you that question is I have talked to young college students on our break and they told me about on their campuses the people who are using heroin and in some instances shooting heroin, in many instances. I was trying to figure out what it is you can sort of hit somebody with real hard and they say wait a minute, I have got to turn this around.

I was just wondering—I know you are doing a lot of traveling and speaking, but that seems to be a modus out there. The testimony was that there are 500 of these commercials that are already packaged. The question is how do we make sure that we use that mode of communication that we have to be effective? Again I am looking at effectiveness. What will work? What can we do now?

Finally, one of the things that also concerns me is that we seem to be writing off a generation. Interdiction is fine. If you don't treat them, you are writing off a generation of people. They are still in our communities and moving around and stealing and doing all kinds of things. If you could address all of that, I would appreciate it.

General MCCAFFREY. If I may start by rejoining your own viewpoint that we don't want to write off a generation. One, the litmus test we ought to apply to drug treatment and prevention programs is, "Would I want my son, my daughter to be handled under the policy?"

When it comes to drug prevention programs Secretary Shalala and Dr. Alan Leshner, the NIDA director, are having a conference today and the next several days. They have 300 professionals from around the country. They are going to talk about how you commu-

nicate with young people. There is a lot they know about it. There is a lot of scholarly work done. UCLA. It has been very helpful in particular. There is a new study out called NTIS, done by the University of Chicago, that is extremely helpful.

But having said that, Partnership for a Drug Free America does a quarter of a billion dollars of advertising a year, and they have a problem. It has come down by a third in the recent years since their access to the airwaves. It is on the wrong times, and they are having trouble getting in the right publications to talk to young Americans. I would tell you, though, that I think in the last several months the attention paid to the issue thankfully has increased and we are seeing, I think, a lot more focus on it.

However, having said all of that, I think we need a consistent message, and sports stars and musicians, the movie industry, all of them, have a role to play. But having said all of that, at the end of the day this country is run by ordinary people. And so the value system of a 10-year-old through 20 is primarily constructed by the adult figures in their world that they respect and who they know love them.

One of the most wonderful things I have done this week was I went to the Boys and Girls Clubs of America breakfast yesterday. Many of you were there. What a powerful tool this is to reach out to some children who don't have the opportunity. Colin Powell gave his talk at it. He said "I was feeling really good about my life and what I achieved, coming out of poverty and an immigrant family, but I had two parents who were absolute rocks of integrity and cared about me."

What are we going to do about kids that don't have that? We have tools at hand. Boys and Girls Clubs is certainly one of them, the D.A.R.E. program, Defiant Pride, and we are going to have to sign up for those mechanisms and get involved with children during their formative years.

Mr. ZELIFF. The gentleman's time has expired. Thank you.

I would like to just address as far as the committee's responsibility oversight. We do have to look back as well as forward. We have to look at programs that have worked and programs that haven't worked and those that could work with some changes. I hope we can look at it from the point of view that our responsibility is oversight. We need to look forward, and I think a lot of good is coming out of this hearing today.

I just think we have to recognize though that drug use has gone up dramatically in the last few years, and I think we have to do something about it, all of us, both sides of the aisle. If you combine crime and drugs together it is the No. 1 issue facing America today. It affects you in Baltimore, but guess what, it affects us in New Hampshire and in the mountains, small towns, big towns.

General, on Hilary Rosen—you didn't hear her comments, but she represents—I am sure your staff will fill you in—she represented the recording industry. Did you get a chance to get filled in on her testimony?

General MCCAFFREY. Not in any great detail, no, Mr. Chairman.

Mr. ZELIFF. You just indicated then a consistent message. If you had to sum it up in a 30-second sound bite, what is the consistent message that you and I and all of us, the President, Bob Dole,

Newt Gingrich and every Member of Congress, every member of the recording industry, every sports star, what should that consistent message be?

General MCCAFFREY. The obvious one—and I also reiterate word for word Secretary Donna Shalala's presentation this morning—drugs are wrong, they are illegal, they will destroy you physically, mentally and morally. I think up front that is where this government must stand, and that is Mr. Tom Constantine, Mr. Freeh, the Attorney General, and all of us as we have addressed the issue.

Having said that, we have two other problems I would bring your attention to. One is drugs aren't funny. I encounter this humorous attitude about pot use and smoking dope and funny cigarettes. Drug use is not funny. I say that from the perspective of somebody who went through the seventies in the U.S. Armed Forces. Alcohol abuse, Quaaludes, marijuana end up with disgusting behavior on the part of groups of young people.

And the final observation I would offer you is at our conference on this issue I hear all the time if you have lost the war on drugs what are you going to do next? We didn't lose the war on drugs; we brought drug use down by 50 percent. Cocaine use by Americans is down by 75 percent. The Armed Forces are drug free.

Mr. ZELIFF. That goes back—what year of reference?

General MCCAFFREY. My year of reference is normally 1973. I believe data shows that 1979 was the worst year in America. We made progress, and we have to understand there isn't a quick fix. This is a societal challenge with legal, law enforcement, medical and social aspects to it, and we have to stay engaged.

Mr. ZELIFF. The concern I have is while the message can show that we have improved since 1973, I think the message has to also show in the last 3 years we have not improved and we have to get serious and real about fighting it. You have been doing that, and we applaud you.

I would just say that Tom Constantine—and he'll be our next panelist. I can remember his words vividly. Two years ago when we started these hearings he said it is a time bomb ticking away, getting ready to explode. He said that when no one seemed to be interested. Thank God we have been able to pull together not only your involvement, but a message and a strategy and a plan.

On heroin, for example, we haven't had a strategy. We now have a strategy that was introduced in December 1995. We need to now look forward to implementing guidelines for that strategy. And I would like to just have you make a comment on both of those issues.

General MCCAFFREY. The issue of the time bomb ticking away——

Mr. ZELIFF. Well, that and also the lack of a heroin strategy prior to December 1995. Then now that we have a strategy, maybe comment on implementation of that strategy and where you see that going in terms of the future.

General MCCAFFREY. Well, we think we have got a prototype strategy. We sat down and thought through it and there has been a lot of involvement by Attorney General Janet Reno; Vice President Gore has been personally involved in it, certainly Mr. Freeh and Mr. Constantine and others.

We have got four pillars, and I have articulated the shape of the heroin strategy. It is not where it needs to be clearly. We have to confront the issue of what do we do about Burma and Afghanistan? How do we form actual mechanisms of cooperation with the Europeans, former Soviet Union, and a partnership in the hemisphere? I don't think we are where we need to be, but we are clearly fully engaged.

I personally have been involved with the ECOSOC at the United Nations. I am going to ask the President to stay engaged in that issue. We are going to ask the Organization of American States to support our efforts with Mexico and Colombia.

We know generally that we have to confront heroin overseas, but again I would drop back and say at the end of the day, in my judgment, this is a prevention strategy more than it is an interdiction strategy. We are going to have to talk to kids in a credible manner about the dangers of heroin use.

I might add, to put this in context now, heroin is in some ways the most despised and shameful of drugs. Who's using heroin and how much is a very soft figure. What I use, and I think is useful, is 600,000 people more using it nowadays. They tend to be young working class white male, new initiates, but it is thankfully a very rare behavior, heroin abuse, with devastating consequences. And certainly among young people heroin, although the rates have gone up disastrously, is still a tiny fraction of kids that are stupid enough to touch heroin.

Mr. ZELIFF. It certainly is as addictive as crack cocaine?

General MCCAFFREY. Yes. I have consulted some really knowledgeable people. Dr. Ephraim Goldstein, who is one of my personal heroes, Professor Emeritus at Stanford University and the author of the book on addiction for a layman to read. It is difficult to know comparative rates of addiction, but maybe you and I ought to say alcohol is between 5 and 10 percent addictive and crack cocaine and heroin are 75 percent or more. But if we have to—if you want to ask me what I am most concerned about, it is methamphetamine, which has the potential of being the next crack epidemic in America, homegrown American drugs, the poor man's cocaine, which is devastating in its impact on human beings.

Mr. ZELIFF. Thank you.

Mrs. Thurman.

Mrs. THURMAN. General, we thank you for coming back and being with us. I think the dialog is always good for us to have the opportunity to know what it is you are doing and what is going on out there. It sounds like you have been trying to put the pieces together and work in our communities.

It is my understanding that Burma is responsible for about 60 percent of the world's opium production and that the administration—can you tell this committee of any congressional actions which may have hampered or could have hampered the administration's efforts to hamper opium production in Burma?

General MCCAFFREY. I think the actual statistic is that Burma produces 60 percent of heroin used in America. The overall production rates, although they are somewhat soft, Afghanistan and Burma are vying for top producers, but a lot of it is being grown in Turkey, Syria, Colombia, Mexico and elsewhere. We do have—

we have been working on the issue of Burmese heroin and for that matter Afghanistan, but there is an obvious problem.

We have conflicting U.S. national goals. We are sensitive to the human rights issues involved in Burma. Their almost dominant election results were put aside, and the people of Burma have not been allowed to choose their own government. They are being exploited by a military regime. How one cooperates with it is not yet obvious to protect our children and theirs.

We are leaning very heavily on our neighbor's advice, our partners, Thailand in particular. Thailand has been distinguished in facing up to this issue. Afghanistan, to be honest, Madam Congresswoman, I don't know where we are going to come out on it. There is no central government, there is no obvious way to get into the loop except to support the United Nations programs, which we are doing.

Mrs. THURMAN. General, you may want to expand on that because I know there has been some criticism of us being involved with that, yet this seems to be the one organization we can work within, and you may want to give us some of the efforts that have been valuable to us in the United Nations.

General MCCAFFREY. The United Nations, it seems to me, has done an admirable job of certainly trying to build a political coalition to underscore that this is a threat to the world. Again, I reiterate the statistic. The United States has under 4 percent of the world's heroin addicts. This is a devastating problem in Europe, far more so than in the United States: 30 tons versus 10 or 11 tons of heroin consumption. The rates of addiction in Europe are far higher. Pakistan is devastated by opium addiction.

So the U.N. has done an admirable job, and I have been working with them since assuming this office. I intend to cooperate with the president of the U.N. General Assembly and Mr. Gelbard, Ambassador Gelbard, will try to have a series of bilateral meetings again with our partners. I did that a few months ago during the ECOSOC meeting.

Having said that, you want to know how much money is involved in this. The number I remember is $80 million. We need new thinking and new forms of international cooperation, and a multinational approach will be very helpful.

Mrs. THURMAN. General, in our discussions of heroin, I am struck by one simple fact, that heroin has proven treatments for quite some time—evidently has had proven treatments, actual ways. Do you believe that the re-emergence of heroin demands a greater Federal investment in treatment programs?

General MCCAFFREY. I have had the privilege of listening to some very knowledgeable people on how to deal with the heroin problem as a medical and social issue. There are no good answers. If you become addicted to heroin, you are in trouble and the way out of it requires some extensive high resource help. Longer is better than shorter. Residential is better than outpatient. Aftercare is as important as the actual treatment. We do, fortunately, have some therapeutic tools, both methadone maintenance and LAM, a new drug that shows great promise.

The administration has funded—and I think correctly so—increased support for methadone maintenance clinics. Now the DEA

Administrator has to watch this closely, and there is a lot of dispute on methadone, yes or no. But again, as a litmus test of what I would want my son or daughter to encounter, methadone maintenance and LAM are clearly preferable to a life on the streets of prostitution, drug addiction, crime, physical danger.

So there are ways to get at heroin addiction, and we do have many successful examples, perhaps in the good programs as high as 75 percent of heroin addicts who stay at it for a year and who have an aftercare program and can live a life free of heroin addiction or, if they relapse, can be brought back aboard.

Mrs. THURMAN. General, just one last question. From sitting on this side, and as you have sat on that side and you have been in this job now for, what, about——

General MCCAFFREY. Since March 1st.

Mrs. THURMAN. Would you give us now some of the things that you think this Congress could do or that we might stop doing to help you do a better job? Can you give us some ideas of where you think we need to be going?

General MCCAFFREY. I am very encouraged and optimistic. To be honest, I am very grateful for the bipartisan support I received. I have learned more out of Congress than I have taught them. Orrin Hatch, Joe Biden, Denny Hastert, Rob Portman, you, Steny Hoyer and others have been—Charlie Rangel, these are some very sensible, moderate people who understand a lot about the issue.

I think one of the challenges to us is that there isn't a trick on drug abuse. When the President put this in front of the American people at a school in Miami, we went there for a lot of symbolic reasons. It says this isn't a military campaign, it is a 10-year confrontation with a very complex issue. The No. 1 priority, however, is prevention and education.

So I would ask for—and I don't think we have made an adequate case to the U.S. Congress on why that is so important and why it can work. I think we also got some mismanagement. Occasionally GAO goes and checks safe and drug-free school moneys, and they find some errors, and, properly, we ought to be held accountable for achieving results, not for a process. So I applaud this skepticism of State legislatures and Congress to achieving results.

But having said that, we have to do drug education and prevention. There is no way out. We are spending $3 a head on children for drug education, and we are arguing about it, and we are spending $440,000 a year for a Federal prison cell. This is a no brainer. If you want to reduce the gulag we are creating in America, we have to move to the other end of the challenge. We have 38 million kids age 10 and below in America, and we have to go talk to them. That is not just resources, it is also parents, the news media, but we have to do drug education and prevention.

Finally, if I remember correctly, we have $36 million in drug treatment in the State prison system. We have $25 million in drug treatment in the Federal system. We simply can't beat crime and violence and property loss in America unless we do drug treatment in the criminal justice system, so I would ask for your support and understanding on that also.

Mr. MICA [presiding]. Thank you.

The gentlelady's time has expired.

Mr. Souder, you are recognized.

Mr. SOUDER. I have a concern. Across the board we see all kinds of different problems, and one of them is that parents don't get involved with their kids. Yet at the same time we saw the chart behind us with approval going up among kids and lack of fear of the consequences and that type of thing occurring.

I don't think it is so much that the parents have changed their attitude, but I also know, as a parent, that you can talk to your kids and there are other forces in society currently that are impacting that, and we can't just say, even though I strongly support two good parents getting involved, that that is going to solve all of the problem either.

One of the concerns I have is that I see this sixties revival and early seventies revival among a lot of our kids. You see them with the Beatles and a return of a lot of the dress and talk, and it is almost like that period was cool.

One the problems we have got—and you earlier mentioned about joking about past drug use and taking it lightheartedly—one of the problems we have is that if people aren't held accountable for past drug use, not necessarily depriving them of a job, but rather than saying they are sorry or, "I made a terrible mistake," or, "We were wrong when we used drugs," they kind of make flip comments or say that they should have inhaled, or the press secretary of the President joking about his past usage, it is sending a mixed signal to our own children that maybe that is something you do as a kid but when you grow up, you don't do it.

Do you think this kind of flip attitude and excusing the past behavior rather than apologize for the past behavior is compounding the problem?

General MCCAFFREY. I am very respectful of your viewpoint, and I think it is a legitimate concern. If you are white and you are age 26 to 34, your chances are 62 percent you have been exposed to illegal drugs.

We simply have to face up to the fact that what, in my judgment, we need to do is develop a partnership to create a nondrug, nonstoned America as opposed to an examination of who used drugs at Berkeley in 1968, or drove drunk in South Carolina in 1978. I simply don't believe this is a productive way to go about it.

I would also suggest to you that there, in my judgment, is an absolute commitment on the part of the bipartisan group that I am dealing with to doing just that. I think Senator Dole has been adamant about it; I think the President of the United States, Janet Reno, Donna Shalala, Louis Freeh, Tom Constantine, Dick Riley, we are deadly serious about protecting our children. I don't think that is the problem.

The question is how to sort out the message to children, and if I may add, there is some good news in this. Eighty percent of American kids have never touched an illegal drug. The problem is that a third of them when they are seniors in high school have.

Our question is, how come so many of them don't? And the answer, Mr. Congressman, comes back pretty strongly: "Because my parents told me not to and I am fearful of the consequences," or "I don't wish to disappoint them."

That isn't enough of an answer, but that is the majority of the answer. The other piece of the answer, as you have suggested, is a consistent anti-drug message. And I support your thinking.

Mr. SOUDER. I don't disagree at all about the importance in the future, but part of the future is, you repeat the past if you don't repudiate the past. If we say, "Hey, don't do what I say, watch what I did," I am not arguing that somebody shouldn't have a job because the 62 percent did, but I am arguing they should not be joking about it or saying, "Everybody did it." I didn't. I didn't even think about doing it.

That doesn't mean I am a better person now, but what it means is that those who did shouldn't be joking about it, because they are sending a signal to our kids that that was something we did in the sixties and that was a great era, and they are looking back on it like it was a good era rather than something we should be ashamed of as a country, particularly from the drug perspective. That is my concern there.

I want to ask you a question too on the drug prevention programs. I know in your written statement it was a little sharper than in your verbal statement, and I don't want to get heavily into partisanship, and, in effect, that was to some degree an acknowledgement that, in fact, we flat funded it. The past Congress had cut the prevention programs, and we flat funded it. We were under what the President did.

My concern as we come into this new appropriations bill: We have $3 billion; we have to make hard decisions on where we put the money. As you acknowledge, some of these programs have been questioned in how effective they are. The President has sent over a $3 billion education request. To my knowledge, there is no drug money in that.

Would you say it is more of a priority to put drug money in than to increase student loans or Head Start money? These are the decisions we have to make every day. Because the President has sent over a request, to my knowledge, in our negotiations that doesn't have it in it right, we have $3 billion we are going to spend extra.

General MCCAFFREY. I have the latitude of having a very sharp focus on what I am supposed to do. I am trying to help the Government, the 14 Cabinet officers who are involved in some aspect of this drug strategy, to focus on their program.

What I would like to see is full support of the $15.1 billion plus a $250 million supplemental. I think that is the right thing to do. I think it is going to be a tough call. I understand that you have a right to expect to apply a great deal of scrutiny to what we achieve with that money, but I would say if we want to act responsibly give us those resources, then hold us accountable for spending them in a sensible manner.

We absolutely have to focus on this program. That $15.1 billion, 55 percent of it is law enforcement and prisons. We ought to spend that money. We have to play hard ball with criminals and violent criminals in particular. But we simply have got to get Safe and Drug Free Schools money. We have got to put the treatment money on the table. That is 50 percent of the requirement, which is what we sent over here.

Mr. MICA. I thank the general and the gentleman. We are running out of time. I want to yield a few minutes to Mr. Wise.

Mr. WISE. General, I just want to thank you very much for the message you are bringing. I won't ask you a question as much as a statement. I remember about 8 years ago being in the Upper Huallaga Valley. The subcommittee was there twice looking at drug interdiction efforts, and there were a lot of brave efforts by DEA and was assisted by Coast Guard and other military officials.

I still remember talking to a Peruvian senior military official, and I was asking him about the relationship between the guerrilla movement and the drug dealers and the army and why it was they didn't seem to be as aggressive in their efforts as perhaps we would like in interdiction. He looked at me finally in frustration and said, you know, Congressman, if you Americans weren't sticking the stuff up your nose, we wouldn't have all of these farmers out here and we wouldn't have all of these farmers out here and we wouldn't have all of these problems. Do something about your demand problem as well.

I came away from that impressed by all the military assets that were being employed at time, the law enforcements, the drug interdiction efforts. But the recognition of what you have just said which, is I believe you quoted 38 million young people who are potentially at risk here, and it is ultimately up to us to deliver that message day, after day, after day in an effective way about why you don't want to be creating this demand.

You, in your remarks, have gone through heroin, methamphetamine, cocaine. I was on the floor so I don't know what other drugs. The fact of the matter is, I don't think as a military official you can constantly be prepared to fight this enemy, that enemy, by name, but there is an overall concept we have to drum home.

My impression of what you have been doing since you took this position is try to do just that. I want to thank you very much. I hope—there is going to be a lot of contentiousness, I know, on this issue, but I hope this is one area where all of us can come together and recognize it. Ultimately, it is within us and what we are teaching our children and the message we are sending.

To the gentleman, I am a little older, I think. I was brought up in the sixties. It was not a great time. I don't think many of us who saw the sixties choose to have our children emulate it, and indeed ought to be speaking out about it. Thank you very much.

General MCCAFFREY. Mr. Chairman, with your permission may I respond very briefly? I absolutely concur with your remarks. Having said that, we spend less than 3 percent of the Federal counterdrug budget on this source country strategy. Essentially, it is a couple hundred million in INL money and under a couple hundred million in interdiction money.

We get a tremendous amount out of that. I don't want to denigrate the fact that we have airmen, National Guardsmen, CIA, DEA, FBI and everyone involved in this struggle. I also have underscored to the Peruvians, the Brazilians, the Venezuelans the Colombians, this is your children at risk, too. This is not a North American problem.

The drug problem in Caracas and Rio is worse than it is in Detroit. It is a nightmare. So, again, President Fujimori, who I have

enormous admiration for, they have now largely encountered the Sendero Luminoso. They are ready to address an international crime problem in Peru that is wrecking their economy and threatening their children, and I think they are going to do it and I think I want us to stay in gait with them also.

Mr. WISE. I want to make sure the record shows that I am talking about visits 8 or 9 years ago before the present.

Mr. MICA. I thank the gentleman for his questions. General, just two quick last questions. The Defense Analysis Institute Study that I referred to earlier, was that requested by the Secretary of Defense?

General MCCAFFREY. Mr. Congressman, I don't know. I believe Bob Kramek, who is probably one of the smartest, most able people in Washington, DC, I deal with, I believe he did, as the interdiction coordinator——

Mr. MICA. The final question is did you, after reviewing this draft, did you tell Admiral Kramek that, quote, not a word of this is to get out?

General MCCAFFREY. I have not reviewed the draft; my people have.

Mr. MICA. When you first saw?

General MCCAFFREY. What I heard is the briefing delivered to me by Kramek. I found the briefing completely nonsensical. It didn't make any sense to me as the commander of the interdiction effort that I—that my efforts had driven up the price of cocaine and dropped use. So I thought it was nonsense.

Mr. MICA. Did you issue a directive to him not a word of this is to get out?

General MCCAFFREY. First of all, I don't issue directives to Kramek, but what I did tell him was to subject this, "study," to peer group review and end up with a scientifically defensible product and it has never re-emerged from this process, but you are more than welcome to look at it the form it is.

Mr. MICA. It has been suppressed in some fashion. We have run out of time. I am going to submit questions to you and ask unanimous consent that we get a response.

Without objection, so ordered. I thank you for coming. This hearing is recessed until quarter of. Thank you.

[Recess.]

Mr. SOUDER [presiding]. The subcommittee is now back in session. We are pleased to see Mr. Constantine here today, the head of the Drug Enforcement Agency and Chief Administrator, and if you will stand I will administer the oath as we do in this committee.

[Witness sworn.]

Mr. SOUDER. Let the record show the witness responded in the affirmative. It is a great privilege to have you here today. I want to say one thing for the record before you start. I just had earlier asked a question of General McCaffrey about the drug-free schools money and he didn't know the answer to it.

While I was over on the floor I went and talked to Chairman Livingston. We went into the committee room and sorted out and the money has been requested by the Administration and it is 100 percent likelihood that it is going to be funded in the education sub-

section. So I wanted to clarify the record because I raised it with the last witness.

With that, it is a great privilege to have you in front of this subcommittee. You have been a national leader and helped us and worked with us closely in the field hearings and I appreciate your patience today.

STATEMENT OF THOMAS A. CONSTANTINE, ADMINISTRATOR, DRUG ENFORCEMENT ADMINISTRATION

Mr. CONSTANTINE. Thank you, Congressman, I have a formal statement I would like to submit for the record. I would like to thank you and the other members of this subcommittee. The fact that there has been a lot of attention focused on the narcotics problem, including the trafficking, use, and the violent crime problem that often results from the trafficking, is appreciated very much by the people in law enforcement.

It is unique, as I was just telling somebody, that we are holding a hearing talking about heroin. I grew up in the city of Buffalo on the east side and lived across the street from an individual who, I later found out when I worked narcotics in law enforcement, was the primary heroin dealer for the city of Buffalo and I had played with his children.

In the early part of my career in law enforcement and narcotics work in the mid 1960's, the primary drug of abuse and concern was heroin. It was often focused on the poorest people in society. If you look at the economic ladder of immigration, you can almost see where the drugs of abuse were focused.

It was in the minds of many people then a very serious problem nationwide, and when we look at it retrospectively from where we have come through that period to where we are now, it is a cause of great concern as to how this situation has deteriorated over the years.

There is now, and I think listening to General McCaffrey and briefly listening to some of the rest of your witnesses, sadly to say a re-emergence of heroin as a drug of use in the United States. The hard-core population in many ways has stayed the same since the 1960's and 1970's at roughly about a half million to 600,000 people. As everyone knows, in this business there is not a registration or census system so often we have to extrapolate from proxy data to try to come up with a figure.

We feel that the total user population, and that includes people who claim that they are casually using heroin, which I think is an oxymoron in and of itself, is estimated about 2 million people. But this use frequently leads to drug addiction and if this were to continue along with the demographic trends you could possibly see a hard core heroin population tripled.

In the 1970's, the drug abuse rise in the street was crack cocaine and heroin and cocaine in general, and if we look at that period of time in the late seventies and early eighties people talked about powdered cocaine much in the fashion they talk about heroin in the 1990's. At that period in the late seventies heroin was stigmatized because it was a drug of injection used primarily by poor people and with the onset of AIDS people thought that the use of shared needles carried too great a risk and they thought the abuse of co-

caine and crack cocaine and recently methamphetamine was more preferable.

However, as mentioned in this hearing, in the late 1990's we again see heroin gaining in popularity, I believe for a number of reasons. One is the heroin purity. When I was a young detective working heroin traffic, the average purity rate was somewhere between 2 and 9 percent. Today, nationwide, the average purity of the drugs that we seize, and the heroin we find on the street, is about 40 percent.

That in and of itself is really not the true picture because in the area of the country where heroin is most frequently abused, in the Northeast quadrant, we see heroin at 70 to 80 percent purity. The second reason is the amnesia that happens with drugs and the so-called "heroin chic" that is in the fashion industry and is featured on the East Coast and the trendy areas of Manhattan or California, Los Angeles specifically.

But when we look at the results over the last couple of years, they almost track the overdose death rates of the heroin abuses of the sixties. Kurt Cobain with his heroin addiction and eventual suicide, the recent heroin overdose in Manhattan of Jonathan Melvoin, actor Robert Downey, and I think we could go on and on with the number of people who are prominent, well recognized, and in many ways unfortunately idealized by people who as customers think of them as beyond the normal living styles.

Last summer in Manhattan, I thought it was unique that people were shocked. They were shocked by what appeared to be a wealthy successful Wall Street broker who had been found dead in her apartment of a heroin overdose. It turned out she had been addicted for a substantial period of time, raising a family in an upscale neighborhood in Manhattan.

When you look at the figure of heroin-related deaths, specifically in New York City, I think that you see that this is where the trend starts, and hopefully we don't have the same trend we had with cocaine. And I think with the attention of committees such as yours and people who are opinion leaders, I think we might be able to avoid what I think was a tragic period in our history.

The heroin emergency room admissions went from 34,000 to 76,000, over double, from 1990 to 1994. Cornell University Hospital in New York City reports that the number of middle class patients requesting treatment for heroin addiction has increased tenfold over the past 2 years.

Last year about 50 percent of the users seeking treatment had used needles. This year that figure is up to 75 percent as the addict population changes and they become increasingly tolerant of the drug. We know that between 3,000 to 4,000 heroin abusers will die annually of an overdose situation.

There is a history to this drug. I will briefly allude to it because it tracks and comes back again. In the earlier periods of the sixties and seventies, most of the heroin was from a so-called French connection and Italian organized crime. Many people have either read the book or seen the movie or the sequel to the movie, and it is almost amazing when we realize that that seizure was 110 kilos of a drug for which a major novel was written, a feature film top seller and sequel was produced. I would guess if you had a 110-kilo

seizure today you would have a tough time getting that article on the obituary pages of many of the major newspapers of this country.

I think that is sad. This was mostly opium cultivation through Turkey and then refined to Europe and smuggled through the LCN families in New York City. In the mid-seventies, in the West and the Midwest so-called black tar heroin or brown heroin from Mexico captured much of that market. By the mid-1980's three primary regions were Mexico, Southwest Asia, and the Pakistan-Afghanistan-Lebanon region. And then Southeast Asia, Burma, Laos and Thailand.

Mention has been made here today of an announcement that came from DEA about 2 weeks ago. We track what we call through a Heroin Signature Program where we believe the drug comes from that has been seized by DEA. We do that through a special laboratory process. We feel it is quite specific as to the source of origin.

We now know because of the HSP that there is a fourth source of heroin and that is in South America, specifically Colombia. Our cause for certainty was in 1995. For the first time South America was the predominant source for heroin seized in the United States, accounting for 62 percent. That is up from 15 percent in 1994.

I have taken a good deal of time to try to educate people. We say heroin seized, because in many ways the source from which this Colombia heroin is being brought into the country makes them susceptible to seizure at major ports for interdiction, whereas heroin being brought into the country through Southeast Asia comes in sophisticated brokerage systems that often comes in large transshipments.

That 62 percent may not be a complete figure of the usage in the United States. But we do know that this Colombian heroin is being marketed really very aggressively throughout the Northeast and Midwest, and although 62 percent is not an empirically specific, totally correct figure, I think that it is probably pretty close.

The heroin marketed in the United States is 80 to 90 percent pure. That is much purer than the sources from Southwest Asia, specifically, and even Southeast Asia, with a high profit margin, where the drug is diluted from time to time. The point of purchase is obviously something that is important to drug traffickers, and the price is lower.

Southeast Asian heroin for a kilo is somewhere between $150,000 to $200,000. Southwest Asian heroin is about $120,000 to $150,000 a kilo. The Mexican heroin which is really of much lower quality is about $100,000, and the Colombian traffickers are distributing extremely high purity kilo weight heroin at $90,000 per kilo. As you can see, it would probably be a very short time before they would have a chance to control much of the market.

The Southeast Asia—mention has been made of Burma. That area of the world, the so-called Golden Triangle, is the major producer of opium poppies and Burma can produce over 200 metric tons of heroin. It is controlled and has been controlled by really ethnic tribes, people who are in some way infiltrated from the old Chinese nationalist troops who may have in the late forties or fifties wound up as fugitives in that area of the world. They have

standing armies of thousands of people with heavy military and artillery.

The United Way State Army, the Cocaine Chinese and the Shan United Army were targeted by the DEA and the Government of Thailand in an operation called Tiger Trap. During the operation, we were able to identify the leadership of that group working with the Royal Thai Police. We were able to pinpoint that they were coming back and forth across the border between Burma and Thailand. We waited to a point when we thought we had many of the principals in various villages in northern Thailand. Then in kind of a dangerous rapid lightening raid we descended on them and arrested numerous figures who were in the leadership. They have been indicted in the Eastern District of New York, and we feel that as we get them back in the United States as prisoners through extradition, which we think is a key to all of the international narcotics enforcement programs, they will cooperate and further cause havoc to that group. That, along with the actions of the Government of Burma and some internal dissension, caused in many ways by Kung Sa himself, the so called "Drug Lord of the World," has allegedly surrendered, but we don't see a great deal of reduction in the activity.

We are also looking at groups from Nigeria, very sophisticated organizations who act as smugglers and have become the expert worldwide smugglers in narcotics activity. Southwest Asia is less of a problem for the United States and much more of a problem for Europe. Mexico, as I said, predominantly in the West and the Midwest.

To give you an example of what is happening in the drug trafficking, 2 weeks ago I was in East St. Louis, IL, where we were assisting the police department there with a very serious narcotics problem and violence problem. People more articulate than I have really explained the problems of East St. Louis, but until you see it, until you see what crime and drug trafficking and corruption do to a community, I don't think any of the television or the radio or the written articles really adequately explain what can happen to society in America as a result of the crime.

As we looked at heroin traffic being—and most of the air trafficking with Mexican heroin—we found that most of the customers were not residents of East St. Louis, IL, but surrounding suburbs who were employed in steel plants and business who were experimenting with other drugs, marijuana and cocaine, and thought heroin would now be a safe drug, and now find themselves hopelessly addicted in many ways.

The strategy that we are involved in as an enforcement agency is really twofold. Primarily, one is directing our action at organizations that operate within the United States and conduct organized crime drug trafficking, whether it be some remnants of the old LCN families, primarily now groups from Colombia, groups from the Dominican Republic, street gangs on the West Coast and groups in Mexico.

Where we can make a connection between those domestic trafficking activities in another nation we then are able to link them together and conduct the investigation much like we have done with the cocaine investigations and the methamphetamine inves-

tigations. Then we have to somehow find a way to work through law enforcement in a criminal justice system in those producing or smuggling nations, which varies from country to country as to the level of their sophistication, the resources they have available and the laws that give them the will to carry on what we call traditional organized crime investigations.

As I said, I am interested in answering any of your questions and my written statement is in more depth. Thank you.

[The prepared statement of Mr. Constantine follows:]

Testimony of Thomas A. Constantine
Administrator of the Drug Enforcement Administration
before the House Subcommittee on National Security,
International Affairs and Criminal Justice
Committee on Government Reform and Oversight
September 19, 1996

Chairman Zeliff and members of the Subcommittee: It is a pleasure to appear before the Subcommittee today to discuss the rapidly increasing threat that heroin poses to our country. In my appearance today I would like to provide you with a broad overview of the world wide heroin trade as well as look at current abuse trends in the United States.

Most of us remember heroin as the insidious drug of the late 60's and early 70's that was mostly confined to the inner-cities. At that time, heroin was manufactured in laboratories in Marseilles, France, from morphine base produced in Turkey, then sold to Italian organized crime families in New York for further distribution in the United States. Previously, there was very little that was appealing, let alone romantic about heroin. Its abuse by entertainment personalities was largely restricted to the Jazz/Blues community. Famous artists such as John Coltrane, Billie Holliday, Jimmi Hendrix and Janis Joplin succumbed to its addiction and eventually paid a price with their lives.

HEROIN CHIC

Heroin fell from the forefront of national concern and attention with the emergence of cocaine in the late 1970's and crack cocaine in the mid 1980's as the popular drugs of choice. The heroin addict population has been relatively stable since the late 1960's. Current estimates place the hardcore user population at about 600,000 compared to 500,000 in 1970. Today the total user population (including casual use) is estimated at 2 million. Heroin use frequently leads to physical as well as psychological addiction.

While drug abuse was on the rise across the board in the 70's, the use of heroin was stigmatized and its popularity was held in check. First, due to the low purity of heroin available at the retail level, the only effective method of administration was through injection, a method that most drug users found unpalatable and not the least glamorous. With the onset of the AIDS virus and its rampant spread through the use of shared needles, most drug users found the risk too large to take and instead abused cocaine, crack and most recently, methamphetamine.

Why heroin and why now? First, the heroin that is now readily available is much purer than in years past. In the 1970's and early 80's, the average purity of heroin at the retail level averaged between 2 and 7 per cent. Now it is not uncommon to find heroin purity as high as 80 per cent being sold on the street. According to results of DEA's Domestic Monitor Program (DMP), the nationwide average purity for retail heroin from all sources was 39.7 percent in 1995, over 5 times higher than a decade ago. At this purity level heroin can be administered effectively through severa methods, all far more alluring than injection and safer than using dirty needles. Snorting, and to a limited extent, smoking, also called " Chasing the Dragon," are the preferred methods of ingestion by first time and casual users. However, as the user gains tolerance, more heroin is needed for th "high" and snorters and smokers soon turn to injection.

The second and probably the single greatest reason for the emergence of heroin is its portrayal as what is being called " Heroin Chic" by members of the entertainment and fashion industry. A recent article in Newsweek magazine reported that the fashion industry is seen as glamorizing the junkie look in fashion photos and shows. In the last several years many people in the film and music industry have been associated with heroin. The suicide of Kurt Cobain of the rock group Nirvana occurred during the singer's battle with heroin. The recent overdose death of Johnathan Melvoin of the Smashing Pumpkins and the arrest of actor Robert Downey Jr. on charges of possession of cocaine and heroin, illustrate the pull of heroin on celebrities. There are many more examples which have been reported in the press, including movies that portray heroin in a decidedl non-judgmental way. Heroin abuse also came to the forefront in the white-collar community last summer when a Wall Street stockbroker was found dead of a heroin overdose in her apartment.

Heroin's properties make it appealing to those in high-pressure, non-stop jobs such as Wall Street. Upon ingestion of heroin, endorphins are released naturally and activate what is called the reward/pleasure center of the limbic system, the emotional center of the brain. This evokes an immediate sense of well being and often a feeling of invincibility.

The truth is , there is no romance in heroin. There is nothing chic about its use and certainly nothing positive about its results. When the results of heroin abuse are seen up close, all of those images collapse. As with all narcotics, the pleasurable feelings of well being and being in control are not sustainable unless the dosages are increased. With the increase of dosages, particularly wi high purity of heroin being sold today, the onset of addiction is hastened dramatically.

The annual number of heroin related emergency room mentions increased from 34,000 in 1990 to 76,000 in 1994. The Cornell University Hospital reports the number of middle class people

requesting treatment for heroin addiction has increased tenfold in the past two years. According to the Office of National Drug Control Policy, about 50 per cent of users seeking treatment last year used needles; this year, according to a sampling of large treatment programs in selected cities, that figure is up to 75 per cent. As the addict population grows older, that figure can be expected to increase. Those users injecting heroin now have the highest rate of new HIV infection. Further exacerbating the problem is the fact that when novices used to other methods of administration switch to needles, the high quality of heroin that is often available on the street greatly increases the risk of overdose. Between 3000 and 4000 heroin abusers die of overdoses annually.

THE HISTORY OF THE HEROIN TRADE

The first major influx of heroin into the United States occurred between 1967 and 1971 from Turkish opium that had been processed in laboratories in France and supplied through the infamous "French Connection" to Italian Organized Crime Families in New York. These La Cosa Nostra families largely controlled the wholesale heroin trade in the United States throughout the 1970's. Aggressive enforcement, and a total ban on opium poppy cultivation in Turkey, substantially reduced the supply of heroin available through the "French Connection."

In the mid-1970's, heroin produced in Mexico emerged onto the U.S. market to supplant European heroin, particularly in the West and Midwest regions of the United States. This brown heroin, frequently referred to as "Mexican Mud," was of relatively low purity and far less appealing. However, due to its lower purity, Mexican traffickers were able to market it at substantially lower prices than European-produced heroin and found a ready market in the West and Midwest.

By the mid-1980's the heroin market in the United States was shared by suppliers from three major regions: Mexico dominated the market on the West coast; heroin produced in Southwest Asia/Middle East (Pakistan Afghanistan Turkey and Lebanon); and the Golden Triangle of Southeast Asia (Burma, Laos and Thailand), which became the major source of supply for the Midwest and the East coast. Southwest Asian heroin was marketed through ethnic outlets in Northeast and Midwest, and Southeast Asian heroin was marketed primarily by ethnic Chinese who replaced the French Connection as the major source of supply of heroin for organized crime families.

THE FIGHT FOR THE GROWING U.S. MARKET

COLOMBIA

According to the DEA's Heroin Signature Program (HSP), results in 1995, South America was the predominant source area for heroin seized in the United States for the first time, accounting for 62 percent of the total heroin analyzed, an increase over last year's total of two percent. Colombian heroin is smuggled into the United States by couriers who use ingestion or body carries to get heroin into the country, mostly in one to three kilo quantities. Aggressive interdiction programs anc Miami International Airport and New York's JFK Airport have accounted for nearly half of all samples analyzed.

There is no question that heroin produced in and controlled by groups in Colombia is being aggressively marketed throughout the Northeast, and more recently, the Midwest. These two area have, by far, the largest portion of the heroin addict population in the United States.

Colombian traffickers have been attempting to make inroads into the U.S. heroin market for the las several years. Reports of substantial opium poppy cultivation in Colombia began in 1990. By 1992, couriers from Colombia were being arrested on a regular basis at Miami International Airpor and JFK with one to two kilograms of heroin. Within the United States, the same groups who are distributing cocaine are now also trafficking in heroin.

To compensate for their late entry into the heroin trade, and to establish themselves in the marketplace, Colombian traffickers provided high quality heroin, 80 to 99 per cent pure, to a fiercely competitive market where high purity is essential to establishing a clientele and maintainin user loyalty. To further entice customers, they offer their product at cut rate prices. Heroin prices have been relatively stable for years. High quality Southeast Asian heroin costs $150,000 to $200,000 per kilogram and Southwest Asian heroin, not consistently as pure as that from the Golden Triangle, sells for approximately $120,000 to $150,000 per kilogram. Lesser quality Mexican heroin is often priced under $100,000 per kilogram, but because of its inconsistent quality and black tarry appearance it has never gained popularity outside the West and Southwest regions c the United States.

Colombian traffickers began offering their product at $90,000 per kilogram and gave perspective customers free samples to get a foothold. Other methods used to establish market share were to

allow customers to take multiple kilograms on consignment, and forcing cocaine customers to accept quantities of heroin along with their cocaine shipment as a condition of doing business. The other dilemma faced by these traffickers was a lack of connections to the mid-level wholesalers in the urban heroin trade, which they quickly solved by enlisting Dominican gangs to bridge the gap. This was a natural choice due to the Dominican Nationals having already established ties in this area through their position as mid-level cocaine wholesalers.

We have seen these independent groups using similar tactics in other major cities such as Boston and Detroit, where they are pushing high-grade heroin on to the streets, at extremely low prices to wrest the heroin trade from Middle Eastern and Mexican traffickers.

SOUTHEAST ASIA

Southeast Asia, principally Burma, is the world's largest producer of opium. Large scale productio in Southeast Asia and China reached 2,561 metric tons in 1995, well over half of the world opium production of 4,157 metric tons. The conversion ratio of opium to heroin is approximately ten to one, therefore Southeast Asia has the capacity to produce over 200 metric tons of heroin annually. However, not all of this heroin reaches the U.S. market due to the consumption of opiates by the large addict population in Southeast Asia.

Most of the heroin exported from Southeast Asia is produced along the Burma-Thailand and Burma-China border in areas controlled by the United Wa State Army, the Kokang Chinese, or the Shan United Army (SUA). Once the premier producer of heroin in the world, the Shan United Army suffered major setbacks in beginning of 1994. Its northern bases were attacked by the Burmese Army and the United Wa State Army while Thailand maintained its closed border policy with the Shan State, restricting the flow of supplies. On November 27, 1994, the Royal Thai Polic and the Thai Army, working with DEA, arrested 13 senior SUA traffickers in "Operation Tiger Trap", with a host of major traffickers under indictment in the United States. "Operation Tiger Trap" had a crippling effect on the Shan United Army's command and control network, and on its cash flow. As a result, the heroin trafficking empire of Khun Sa began to crumble. On January 1, 1996, the Government of Burma peacefully occupied the headquarters of the Shan United Army an the notorious heroin warlord Khun Sa surrendered.

Heroin produced in Southeast Asia is shipped to the United States primarily by two methods: ethnic Chinese, who control a substantial portion of the Southeast heroin distributed in the United States, and by Nigerian nationals. The ethnic Chinese utilize commercial cargo to tranship heroin in 50 to 100 kilogram quantities, frequently through Canada to the United States. These traffickers

have, until recently, dominated the heroin market in the Northeast corridor of the United States, which has by far the largest addict population of any region in the country.

Organizations controlled by Nigerian nationals are also responsible for smuggling a significant amount of the Southeast Asia heroin and selling it on the streets of the United States. Many Nigerian organizations are based in, and controlled from, Lagos, Nigeria, and these groups are formed along tribal lines. Their organizations in the United States are loosely structured relying on sophisticated documentation to support multiple identities and aliases and communication via pay phones in tribal languages to protect their heroin trafficking activities.

Nigerian traffickers maintain a large stable of couriers who either body-carry, ingest, or use luggage with concealed compartments to smuggle multi-kilogram quantities of heroin from Thailan to the U.S. mainland. Early on, they utilized female Nigerian couriers to move the heroin; howeve as interdiction efforts in Thailand and international airports around the world became more and more successful at identifying and arresting the couriers, they began recruiting both male and females of all ages from a variety of nationalities to act as couriers. Nigerian traffickers, who got their start in the heroin trade as smugglers, have now firmly entrenched themselves in the wholesal distribution market, particularly in Chicago. Chicago now serves as one of the most important centers, if not the hub of Nigerian heroin trafficking in the United States.

SOUTHWEST ASIA

Southwest Asian (Afghanistan, Pakistan, Lebanon and Turkey) heroin distribution in the United State is dominated by ethnic groups from that region. Their share of the heroin market, (roughly 16 pe cent, of the heroin seized domestically) comes mainly through ethnic distribution organizations in th Midwest, West coast and the Northeast corridor. Most of the heroin produced in Southwest Asia consumed in the region or is destined for the lucrative European market with clandestine laboratorie in Turkey again playing a major role in regional opiate conversion activity. Costs associated with th smuggling of heroin into Europe are far less than the United States, and their product brings a far bett price in the European markets, especially with the huge influx of Colombian heroin being sold on th U.S. market at cut rate prices.

MEXICO

Approximately 53 metric tons of opium were produced in Mexico in 1995. Virtually all of this converted to heroin and shipped to the United States. The heroin produced in Mexico is in eith brown powder or the more familiar "black tar form." Distribution is largely controlled by membe

of the Mexican Federation who utilize distribution outlets established in the West and Midwest through years of poly-drug trafficking. Mexican heroin accounts for approximately 5 per cent of the heroin seized in the United States. They have never been able to penetrate the larger markets in the Northeast due to the lack of a distribution infrastructure and the competition from established ethnic Chinese and most recently, Colombian traffickers.

The groups from Mexico control the entire process from opium production and heroin processing, to the management of the transportation and distribution networks in the United States. Both Mexico and Colombia enjoy a marketing advantage over producers in Southeast and Southwest Asia by virtue of their proximity to the United States. Mexican trafficking groups limit their exposure to U.S. law enforcement efforts by merely stockpiling their heroin near the border in Mexico, smuggling small amounts into the United States at the time of each sale. This technique combined with Mexican control of the entire process from opium cultivation to wholesale heroin distribution enables these organizations to maximize their profits.

DEA's Response:

The President's heroin strategy recognizes that because the heroin industry is more decentralized and diversified than the cocaine trade, a different approach is necessary to blunt the impact of growing heroin problems. In implementing the President's plan, DEA's primary enforcement strategy is to identify those individuals and organizations within the United States responsible for heroin trafficking and to target these individuals and organizations, with the ultimate goal of arresting them. DEA also seeks to enure that these drug traffickers serve long sentences, and provide for a follow up effort in source countries to identify and incarcerate the sources of supply.

Domestically we are targeting our investigative resources at the organized Chinese and Nigerian gangs who control the Southeast Asian heroin. In 1995, the Chicago Field Division identified a Nigerian Cell operating in Chicago that was receiving 20 kilograms of heroin monthly from Bangkok and redistributing it to street gangs in Chicago. All of this heroin was smuggled into the country in five kilogram quantities concealed in suitcases; most couriers were female, of either British or American nationality and under the age of 25. Through an interagency effort including DEA, Customs and other agencies , we were able to arrest 21 individuals belonging to this relatively small cell of violators. In conjunction with the U. S. Customs Service we are also intensifying our interdiction efforts at key international airports and through our cooperation with state and local official around the United States supporting Operation Pipeline, an interdiction effort targeted at cocaine and heroin being moved cross country via passenger vehicle.

In New York, there were several recent cases which illustrate the complexity of the international heroi trade. In January, 1996, DEA Albany, working with the Albany Police Department, INS, the U.S Postal Service and the Capital District Drug Task Force, arrested two suspects at any Albany restauran after they took possession of 900 grams of heroin. The investigation began ten days prior, when He Majesty's Customs informed DEA London that heroin had been detected in packages mailed fron Afghanistan to locations in New York.

Two other heroin cases culminated on March 20, 1996. In the first, DEA New York and the Nev York City Police Department arrested 12 members of a Queens-based heroin trafficking organizatio which distributed heroin in Manhattan, Queens, Brooklyn and New Jersey. A related investigation b DEA Newark into a New Jersey drug ring supplied by the Queens-based organization resulted in th arrest of 14 defendants and the seizure of 846 bags of heroin, 126 vials of crack. Heroin supplied b this group, marketed under the brand name "Second to None" was responsible for previous overdos deaths in Bayonne and Jersey City.

The second case involved DEA Albany working with the Amsterdam, the New York Polic Department, the Montgomery County Sheriff's Department, the New York State Police, ATF and IRS Twenty-one members of a cocaine and heroin trafficking ring, operating in Amsterdam and New York were arrested. The group's leader was located and arrested by DEA in San Juan, Puerto Rico by DEA

Another example of an initiative we are pursuing is the Heroin Markings Data Base established an maintained by our New England Field Division . The data base contains information gleaned fror DEA and state and local police department files that document and track the markings on heroi packaging. This process allows us to measure the scope of trafficking organizations, corroborat informant/witness information, and in the case of overdose deaths, identify the trafficking group tha administered the fatal dose. This capability may also allow us to file additional and substantive charge on the leaders of these organizations and reinforce the risks associated with the distribution of heroir

Internationally, in an effort to address the substantial problem posed by sophisticated
Nigerian groups who run a vast network of heroin couriers, DEA is opening an office in Pretoria South Africa. There has been a large migration of Nigerian nationals to South Africa ,which has ove 40 international airlines servicing the country and a modern transportation system. South Africa sit as an ideal crossroads for Nigerian traffickers smuggling heroin from the Far East to Europe and th United States, as well as cocaine from South America to South Africa and Europe. We have requeste to open an office in Beijing, China, but at the present time, the Chinese Government has decline U.S. representation in that nation's capitol.

Conclusion

Mr. Chairman and Members of the Committee, the heroin problem facing the United States at the current time is serious and must be addressed quickly to ensure that we do not have another epidemic, as we had with crack in the 1980's. The recent overdose deaths and coverage of the heroin issue in the press have focused attention on heroin, and I believe that is the first step if we are committed to addressing this issue seriously. DEA continues to work diligently at home and overseas to dismantle the world's most significant drug trafficking organizations. We appreciate the support we have been given from the Congress, and we look forward to working with Congress in the coming years to ensure that our nation's citizens are safe and free from the drug scourge which has taken far too many lives.

Thank you for this opportunity to appear before you today.

Mr. SOUDER. Without objection, we will submit your statement in the record and any of the other materials at the end of the session. I have a couple of different types of questions.

One thing that I was intrigued by—and General McCaffrey alluded to it and others—is the complicated nature of where the heroin is coming from, particularly that is coming from Burma. Let me ask this question first and it may lead to some interdiction questions.

He seemed to feel we are going to have a difficult time, more so than in cocaine, working the extraditional-interdiction strategy, and therefore prevention strategies and treatment strategies were more important in the heroin area than in others.

Do you believe, given the difficulty of the decertification process with countries like Burma that we have already decertified and some of that, that it is going to be more difficult to do heroin than cocaine as far as interdiction effort? And how much more difficult?

Mr. CONSTANTINE. One, in the first part of the question involving the prevention, the enforcement, rehabilitation models that people have, it has always been my position not to move the same assets from one part of the strategy to another part of the strategy depending upon your yearly or biannual decision. I think all have to be fully supportive.

I think the nature of the trafficking of heroin is so much different than the trafficking of cocaine that it has less to do with the decertification of Burma and more to do with the very nature of heroin trafficking. Heroin trafficking is a brokered system in which the manufacturer sells the product to the next level and is satisfied with the profit made at that initial stage. The next people who receive it very well may be brokers who never see the narcotics but take a paper profit from the transaction as it moves from one place to another. The ability to move the amount of heroin, which as you can see is not in multi-ton amounts yet, and I doubt it ever will be that amount of cocaine we talked about within the constant 5-ton seizures throughout the world.

So as a result you have the tremendous borders that Burma shares with a whole host of countries in that region that in many ways are inaccessible to virtually any organized form of support from any of those countries. Once that moves into either some area of China, Thailand, Laos, Vietnam, or wherever it might be—as I mentioned, we have now been able to identify these very sophisticated groups from Nigeria whose sole role for the most part is to act as master smugglers.

Now, in the beginning they did that by themselves. There are as many as 600 Nigerian nationals in the prison system in Thailand who have been captured as a result of trying to smuggle heroin in and out of Thailand. What they then have done as a result of their sophistication, they have now acted on a contract basis where they hire citizens from other countries, United States, Eastern Europe, South Africa, South America, to act as their smugglers. And so they contract it out, and when they get to the United States, they will either take that for their own distribution system or they will turn the product over.

That, in comparison to the cocaine traffic, where in essence, one group of people in Cali, Colombia or in Culican, Mexico would be

responsible for the movement of product from top to bottom in the distribution system. It increased their profit greatly, obviously, but made them in many ways more susceptible to our investigations and interdiction.

So I think the interdiction problem that you have with heroin is that the amount that can be brought in and the way it is brought is less in the tonnage rate than cocaine and the organizations are so compartmentalized and structured in a different fashion that it makes it more difficult for the interdiction program.

Mr. SOUDER. Is it your projection because it seemed to be—and I want to make sure I have got this correct—that probably the proportion of the market that is Colombian heroin will increase.

Mr. CONSTANTINE. I think it will increase. They have higher purity, lower price, they have an existing distribution system that they built on the cocaine system. Their proximity to the United States and facility for travel is much easier and if you looked at it in any type of a business structure, that would give them a chance to be much more powerful.

Yes, I do think—we have seen this go from 1992, where they were an infinitesimal amount of heroin procedures we recorded in DEA, up to the 60 to 62 percent of today. We realize there may be a container of 500 kilos of heroin that comes into Seattle from Southeast Asia and if we don't get that that gets into the system, whereas the heroin is coming in 5 or 10 kilos at a time. So we are making more seizures because it is a little bit more obvious to us, but I would say they have all the ingredients to really take control of much of the market.

Mr. SOUDER. Is Colombia moving then more away from the cocaine market, which has moved to some degree to Mexico and are some of the—does the Colombia Government seem to be cooperating on the heroin side as much as they have been on the cocaine side?

Mr. CONSTANTINE. The groups in Colombia have not moved away from the cocaine distribution system. They still are the major producers for their own laboratory systems. They are always at the beginning of the route of travel for the cocaine and they take it to Mexico.

Only thing they do now with Mexico is they divide really, almost half and half. They have to give half of whatever the size of the load is to Mexican organized crime groups or they give the whole load to the Mexican organized crime groups, who bring it into the United States, half of which will go to organized crime groups out of Colombia, half the groups out of Mexico.

That traffic in that organization is still in place. What we see is individuals. We have not yet been able to tie them to these big families in Cali, Colombia or Medellin which control the heroin traffic. It is much more of an individualized operation.

However, at the trafficking end, when it gets into New York City or gets into Baltimore or Philadelphia, we see the same people in the distribution system of the heroin who are in the distribution system of the cocaine, which leads us to believe strongly that there is an organization working, but because of the secrecy of their activities it is really something that we have not been able to prove presently.

As far as the cooperation in Colombia, as I have testified before, I have tremendous respect for General Serrano and the Colombia National Police and Colonel Gallego and General Montenegro. They have been very helpful to us in these investigations. Within the limitations of the resources and the problems in their country, I think they have done an outstanding job.

They are working on the eradication of opium poppy and they are trying to make that part of their program, too. I have said when the history of the last decade of Colombia is written, I hope that two of the patriots in that decade chapter would be General Serrano and Mr. Gallego.

Mr. SOUDER. Do you foresee if Colombia continues to expand their market share what will the people who are losing—as long as market is increasing maybe nobody is really losing, but do you see the Asians looking for alternative distribution networks or trying to compete from market share?

Mr. CONSTANTINE. Some of it is difficult to assess as timely as we would like to. They don't show us their books. There are no board of directors meetings where we can get a grasp of exactly what types of strategies they are looking to in the future.

It is my belief based on everything I see that the groups from Colombia will really have the most substantial control of the heroin traffic 5 years from now. The only difference will be on the West Coast. I think the heroin from Mexico, it is almost something that they become used to and will probably still maintain because of the ability to travel in those areas.

People have asked me if I thought there was a potential for a significant amount of violence from the groups from Asia and the groups from South America trying to maintain control of the market.

Mr. SOUDER. That is in effect what I was trying to drive at.

Mr. CONSTANTINE. My sense of the criminality and the willingness to perform violent acts would lead me to believe the groups from Colombia and their proxies in the United States, as well as organized groups from the Dominican Republic, have such a history of violence and control that they would be the eventual winner if that were ever to happen. I don't see the groups from Asia which are most partisan, kind of operating a brokerage system where people take profits, being able to withstand that type of level of violence.

Mr. SOUDER. We had some earlier questioning on the Institute for Defense Analysis. Are you familiar with that organization? Have had good experiences?

Mr. CONSTANTINE. As I listen to the questions being asked, I thought I knew the answers to this, having been part of it. And maybe this will shed some light on it. We have a group that meets from time to time, people who are involved in the interdiction work. We as DEA are not necessarily an interdiction agency, but we provide so much intelligence and we have so close a relationship that Admiral Kramek always invites us to the meetings.

There was a draft report put out by this institute—I can't recall the name of it—Institute for Defense Analysis as I recall, who made a presentation on a board and it was kind of a graphing system and it tried to show the relationship between an independent

variable, being interdiction, and a dependent variable, being usage and price of drugs, on kind of an X-Y axis. As I looked, and it has been a long time since I did any statistical analysis on a research level, I had some serious questions about how the research was performed, which I really didn't ask that question, but how the data appeared and how the data was weighted. It was significant enough that I thought that this study, although the people were very, I thought, decent, professional, made a nice verbal presentation, and before I would have been committed to anything in that study I thought somebody should subject this to a more refined analysis. And I tried to say that in a way that was not adversarial, but I really had serious concerns about what I saw with that data. So what I asked for was, I think was called for—when I went back to the office I called my people into the intelligence section and said I just had this presentation, I have some issues with this, and they said they had issues with it and they certainly are more skilled than I am in the realm of studying statistical data on research projects.

They asked for a peer group study in which people would look at the study and see what the value was. Now I have not read that through completely. I haven't been briefed by the people who have conducted it. It is my understanding that my original perceptions of the very severe limitations—and in fact I think it goes beyond that in the analysis, the study, that it didn't hold any water and doesn't show what people originally thought it purported to show. I think that is what the whole question was about that was being asked of General McCaffrey.

Mr. SOUDER. Have you had a problem with that agency before?

Mr. CONSTANTINE. I never met them before and, as I said, I thought they were very professional looking people and they presented their data in a very articulate fashion but going back to my graduate studies of research and statistical work, and I had to draw back on 25 years of history, that just seemed to be something wrong with the—not the hypothesis or not the validity of the hypothesis, but the way the data was arranged just did not make sense to me. As I recall, it was like the data would be represented in units of 35 dots for 1989. That showed a trend. Then the data for 1995 was 1 dot and the weighted value of the 35 dots and the 1 dot was the same.

I knew that when I got involved in that type of stuff and other areas of my life dealing with crime statistics and working for the State police, that people smarter than myself should look at this and see what the value was.

Mr. SOUDER. One of our obvious concerns here, because it is hard for somebody who hasn't seen the study to know what are their samples and what they did and so on. The hypothesis seems good. It seems like it is something that we should be able to see and also make an evaluation because, quite frankly, if it isn't statistically valid then why would the conclusions be treated as statistics being valid. Were you ever told not to discuss it?

Mr. CONSTANTINE. No. But it was my advice—and I was the only person—that this thing should be looked at very closely before somebody pronounced this as what they thought it was. As I said, just maybe—I think the general said that would be available. I

think when anybody who has had a background and looks at this will have the same questions. I have the questions, but I couldn't—given my limitations in researchability, I couldn't say what was right or what was wrong. It is my understanding that other people from a whole host of different areas of academia and institutions would have very serious questions about it.

Mr. SOUDER. So you were never told to talk about it; it was your own decision?

Mr. CONSTANTINE. It was my own. In a criminal investigation, to me—the first person to get the information says that the person who shot out the inside of this bar was Jan Smith. I wouldn't go out publicly and say Jan Smith shot up this bar until I had the forensics, I had the shell casings, the bullets, the blood and all the witnesses, and I felt I had a pretty good chance of indicting or arresting that individual. That is kind of how I go through my thought process on those things.

Mr. SOUDER. Can I ask you a couple of questions on the heroin strategy? Have you been given any implementing guidelines or what is the status? How do you—we just moved funds over for source countries in Central and South America, but while there is—I know nobody likes to say there is a battle for scarce resources, but that is what we have to do all the time, make decisions on scarce resources, and one of our big questions is what is the return on heroin strategy vis-a-vis other things? Can you give me ideas on what they suggested since on the drug czar's office heroin guidelines?

Mr. CONSTANTINE. What we did in DEA was in 1994 we started to become concerned about the reports we were receiving on heroin abuse, so we developed our in-house heroin enforcement strategy. We redesignated a number of positions that are working other drug trafficking areas to enhance heroin enforcement. We put in for a budget request which, thanks to Members of Congress, both Democrat and Republican, and the Senate, have been very supportive for the last 3 years. And this year we have added 30 additional positions, including our readjudication of existing resources. I believe in this year's budget and over the next 2 or 3 years, we will have about 250 additional people assigned to heroin enforcement. When we do that, we do that both domestically and internationally.

Domestically probably one of the key strategies we have been looking at is what we call the brand name strategies. The heroin distribution system in the Northeast is very interesting, in that people take great pride in their product and, believe it or not, junkies on the street believe when they are buying something with a brand name on it, it is safe. One of the strangest phenomenons I have ever seen—and it has existed in my over 31 years working in heroin enforcement—is when information becomes public that the heroin being sold on the street is so powerful that people are overdosing by brand name, that immediately increases the price. The customers want to buy that brand name.

So what we have done is, we look at the brand name, use that as a tracking system back to the various organizations. It's our philosophy that we get the biggest bang for the buck when we take the original distributor down, including leadership. Then what we do is marry that up to our existing assets and decide where we can

put a connection. For example, it was the DEA people following this heroin strategy in Thailand in late 1994 who put the investigations together for the arrest of the leadership of Kung Sa's army and Tiger Trap, which was the first time in history that that leadership had ever been arrested.

And we will do the same thing with the groups from Colombia, the groups from Mexico. We believe the people responsible for Mexican heroin are the same people involved in the cocaine trafficking and the methamphetamine trafficking. So in Mexico our strategy is to target those organized crime families as our prime organization target. And we have joined with the FBI in a massive investigation we call the Southwest Border Initiative. We can literally show the heroin or cocaine trafficking coming out of Colombia into Mexico all the way across the country to New York, to Richmond, to a crack gang in Rocky Mount, NC. We have been very effective in being able to—that is how DEA is involved in a heroin strategy.

I am not an expert in prevention. I am a great believer in People for Partnership. I am a great believer in what General McCaffrey is doing. I think we would have to be naive to think that there are certain people who are public figures, whether it is in sports or entertainment, who aren't role models in many ways for young children.

To think differently would be to really ignore the fact of endorsements. Why does anyone think that all of these major industries are paying these individuals fantastic amounts of money to endorse a certain brand of athletic equipment or a certain brand of a musical instrument?

All you have to do for the most part is to take a look at what types of clothes or haircuts people are exhibiting in the music industry or in the movie industry, and then a year from now look in Evansville, IN, or in Schenectady, NY, or Tulsa, OK, and everybody is really modeled after them.

When this group of people also either publicly espouses drug use, it is publicly touted, or it becomes obvious that a significant representation of those people in that industry are addicted to drugs or die from their addiction to drugs, I think what that does is rationalize some of the images or perceptions that young people can have. It is kind of, well, it is OK for me to do it, because this movie actor has done it and has gone through rehabilitation, and it is a strange situation.

I never have been able to explain it. There is a certain romance that people have with drugs and drug addicts. I always felt in my various jobs that bringing addicted people to young people's classes and having them talk about addiction, to me it would be a disastrous fashion, but somehow it has a romantic seduction to young people. That is the secret.

Eliminating that, and I am a believer, not having read the full report, but the synopsis of what Mr. Califano's report says, it is almost strange that in society we have to spend a lot of money to publish something which to me is so obvious: if parents stay together, if they raise children, if they pay attention to children, if they have some type of a spiritual life, if they set limits, that it is likely that that child will not become involved in narcotics activity.

Whereas, if the parents leave them in a single parent environment without a lot of control, without any limitations, that those people will be involved in some type of immature and often illegal behavior is so obvious to me. I always wonder why it has to be studied.

I mean, those are the things I think on the prevention side, and I am not an expert. My only expertise comes from having six kids and getting most of them through all right. Just one is still a teenager and things look good. But with 11 grandchildren, I am concerned about as they come up through the world and face what I see is a very difficult situation.

Mr. ZELIFF. I agree with that. One of the fears we have as parents is we need all of the things to overcome all the other influences.

One of the big concerns we have, and I aired it earlier, but I am just concerned that to some degree we may now practice what we preach, but if we pooh-pooh what happened in the past, like "Don't cheat on your taxes"; "But, dad, you did 10 years ago." And you say, "That was 10 years ago; don't cheat now."

My concern is in rewriting the sixties and seventies, we are sending a signal to a lot of our kids of "Now that we are old fuddy-duddies, we don't believe in drug abuse; when we were young and wild like you, everybody did it." The subtle message is I can do it and still grow up to be like my dad, who is straight. I am worried about a subtle message that is getting out to our children, no matter how hard we fight with our kids, other kids.

I have two quick questions for you, and then we will finish. I appreciate your giving the time.

We have added $20 million to the DEA budget over the President's request this year. Do you believe that in addition to rebuilding the Source Country programs, we might work on a training center for some of those units?

Mr. CONSTANTINE. One of the things we do is try to balance between domestic to international. As you see, there are some good institutions that need some of the resources that we can help them with.

Unfortunately, many of the things that have been seen in the area of drug addiction and violence have occurred in the United States, and sometimes in law enforcement we become like trauma units in the military. We have learned a great deal about surgery, and we are also in many ways the wealthiest, most sophisticated country.

Really the one piece of glue that holds together all of this law enforcement, I mean, every week someone comes into my office, somebody from South Africa yesterday, somebody from Bolivia earlier in the week, people from Colombia, looking for guidance, look for assistance.

What we put in for was a part of the training center for the DEA, which we have no place to train now and we have exhausted the facility and the rooms. It is costing $4 million a year out of regular funds to conduct our training. We have $11 million invested already in the structure of a training center in Quantico.

What we have said is we would use that for joint training with the FBI and specifically for DEA agents, but also make that some type of a similarity of the command college, like we use at the mili-

tary at Fort McNair, where they bring you into the United States military, into a command college, and they really have improved the military services in a lot of the countries throughout the world, and specifically this hemisphere, and we would be willing to devote a good deal of our resources, our opportunities, if we had a space and facility.

So that is the reason that we have that in there. It was approved in the Senate mark for the budget. I think they are now probably working to balance the different issues in the House and the Senate.

Mr. ZELIFF. Would you say it is critical then to consider that?

Mr. CONSTANTINE. It is our No. 1 priority for infrastructure.

Mr. ZELIFF. I wanted to conclude, you raised something that has been troubling me, and it is a little bit different spin, and it is more just to think about, because clearly you are talking about the same question. We talked about East St. Louis and how it is mostly suburban people coming into East St. Louis.

Mr. CONSTANTINE. In that particular situation, it was, right.

Mr. ZELIFF. But it addresses another question, and that is unless you have your ears completely covered, and I don't mean you in particular, I mean any of us, around the country there is a feeling in the African-American community that they are being discriminated against in the process vis-a-vis a lot of affluent suburban users and others who are getting away.

Now, partly that is the nature of how we try to bust drug rings. In other words, you try to get somebody who is dealing and you bust him, as opposed to down and out. But we are going to have to look at some sense of equity and fairness in our society, because of the lower income and the opportunities there that those people tend to get into the dealings. I am not excusing their behavior. And, indeed, if they turn up, we can save probably more lives if we go after the bigger dealers than we can down.

But there is also becoming an equity question and fairness question in our society, that one group, particularly white suburban, is getting off, whereas another group is disproportionately paying for their usage. I don't know exactly how that feeds in, other than sometimes maybe trying to turn them both directions, and that requires then the local law enforcement's willingness to proceed and put people in jail.

I know prostitution in New York City, that is one of the things they did. They started posting the clients as well as the people they busted. We need to think of more aggressive ways.

Mr. CONSTANTINE. Maybe I can help you a little bit with that. On the major scale, as you know, and you have seen it, DEA's philosophy is to go after the people at the highest level who run these organizations. I mean, unless you do that, you are never going to have an effective enforcement strategy.

One of the issues is that, and I come across this from the perspective of having worked in every city in New York State when I was with the State police, having lived in a city all of my life, still maintaining a residence in Schenectady, NY, a blue collar town, with all of the problems that every other city has. I was continually petitioned by citizens throughout that city, where the drug peddlers came from New York City, very violent people, came up

through Schenectady. They came up through a neighborhood that was of mixed races, probably predominantly black, some Hispanic, and a large white population.

But the reason we conducted enforcement programs in that neighborhood called Hamilton Hill, one time we arrested 150 people in one morning. In triple sales of—each one of them had sold three times to an undercover agent or a trooper. The people who live in those communities are the most adversely affected by the drug trafficking, especially at the street level.

Many times I have said you have people who cannot afford to buy a house out in the wealthy suburbs. They have a mortgage, they have a home, they have children, but they can't send their children to an elite prep school or to some type of a private facility. So every day that kid has to walk three or four or five blocks to the school.

If we are to allow drug trafficking and violent drug trafficking to occur in those areas and do nothing about it, we have really abandoned an entire population. I have always said there is a need for that type of enforcement.

I have to tell you, every time that I run those types of operations, at the time of arrest people literally come out of the house in their night clothes, and they would be hugging the agents or the troopers and applauding as we took the drug peddler. And that happened at East St. Louis, by the way, and applauding as we took the prisoners away to jail. Because they know these are the individuals who cause them so much danger, and they really don't care whether the person arrested is white, black or Hispanic, as long as the drug trafficker leaves.

We also, when we performed the operation in East St. Louis, did exactly what you said. We maintained—after we took the runner of the drug house down, we ran that as an undercover operation, so that everybody who came to the door that wanted to buy drugs we arrested for an attempted purchase. That is how we determined that these people came from suburban areas. But they were all arrested at that point in time.

I think what is important for us to recognize is the safety of so many of the citizens. I guess if I have one group of people that I have the most compassion for in this country, it is victims of crime. If you look at victims of crime, they are predominantly poor people. When you take that equation in the United States, that means you are talking about issues of race or ethnic origin. We have to speak out for them, and they have to be our constituency, and that is why we conduct those enforcement operations to actually liberate a neighborhood.

General McCaffrey mentioned Boys and Girls Clubs. I was there yesterday and it was emotional. When we did that in the city of Schenectady, the drug traffickers had taken control of the neighborhood where the Boys Club was. One of the Boys Club counselors was a tremendous young man named Brendan Mitchell. I had watched him in high school as a great high school athlete.

Because of reasons in his personal life, he never went to college. He originally went into the service, came out, became a Division II All-American basketball player, and came back and agreed to work in the community.

He and other people came to me and said they had to close the Boys Club up at 5 p.m. Do you realize what that means to that city? Because that means two things: Drug peddlers were outside, and as big as Brendan Mitchell was, they were dangerous to him and he couldn't protect the kids who left the Boys Club if he stayed open until 9 o'clock.

The parent or parents of the children who should have had a chance to go down to the club and have some good activities to pull them through these tough stages were afraid to have their children leave the house because of the drive-by shootings. You are faced with these situations as heads of the State police or the police department. You either take action to eliminate those criminals and make sure they are not there, or in my sense, you have really done a disservice to decent people who do not want to become victims of crime and do not want drug dealing in their neighborhood.

I have always said if the same situation occurred in McLean, VA, or Amherst, NY, you can bet the operation would take place quickly and the arrest would occur. Sometimes these people wouldn't have to wait so long for action.

Mr. ZELIFF. That was a good response. I thank you very much for your openness and willingness to be here today. We are looking forward to continue working with you, particularly as we watch the development with heroin and methamphetamine and other things in addition to cocaine.

With that, the subcommittee stands adjourned.

[Whereupon, at 1:40 p.m., the subcommittee was adjourned.]

[The prepared statement of Hon. Bill Brewster follows:]

Congressman Bill K. Brewster
September 19, 1996
Committee on Government Oversight and Reform
Subcommittee on National Security, International Affairs, and Criminal Justice

Statement for the Record on "Heroin: A Re-Emerging Threat"

Thank you Mr. Chairman for holding hearings on this timely and important issue. I hope this committee does not focus on the heroin problem in one narrow segment of society. We need to realize that drug abuse is a problem throughout our entire society. I fear that if we cast heroin abuse as Hollywood's problem, or the music industry's problem, or sports world's problem, we run the risk of giving parents the impression that this is someone else's problem and not a danger to their own children.

While I recognize that we have a long way to go in eliminating this scourge of heroin from our society, we cannot simply point to areas where our efforts have been insufficient. We also need to commend those individuals and organizations who are taking positive steps in areas of drug education and treatment. On that note, I would like to applaud the steps taken by groups such as the Recording Industry Association of America, who have established programs to educate its membership and the public about the dangers of heroin. We will need similar efforts from groups throughout society to fully address this crisis.

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